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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

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On her first visit to the dentist this little girl is obviously interested in the efforts of the dentist and his assistant to become her friends and to make her as comfortable as possible. The importance of dental attention in early childhood for preventing serious oral disease in later life is discussed in the article beginning on page 177.

children

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The unwed pregnant adolescent girl presents both a dilemma and a challenge to the helping professions. In part, the dilemma stems from the lack of understanding of the mixture of medical, emotional, and social problems involved when the phenomena of adolescence and out-of-wedlock pregnancy occur concurrently.

Until recently, those services that do exist for unmarried pregnant girls have tended to focus their attention on girls from middle or higher socioeconomic groups, while girls in the lower socioeconomic brackets have received little service. But even for those girls who do receive services, planning has tended to be fragmented to meet a particular need and has included little of the coordination of services essential to insure a comprehensive approach to the problem. However, in recent years there has been increasing recognition among both professional and lay groups that services to the disadvantaged teenage unwed mother are especially important, and that these services must be community-oriented and designed to meet her physical, educational, and mental health needs.

Pregnant girls and their families in the lower socioeconomic brackets have many characteristics in common with girls from middle and upper class backgrounds who are faced with the problem of an out-of-wedlock pregnancy, and I believe we indulge in pure fantasy when we assume otherwise. However, they also carry additional burdens and special problems often unknown to and not experienced by persons of other classes. Many of them are part of families in which communication with one or both parents is largely nonverbal; in which men are rarely seen as part of the sustaining continuity of family life; in which the "good father"—if there is one—is seen primarily as an economic provider; in which the mother feels she has little control over her own fate and even less over the fate of her children; in which serious and chronic medical problems are common. In addition to these disadvantages, these girls are stereotyped by the community as persons who feel no shame for having babies out of wedlock and who are poorly motivated, untreatable, and impervious to acceptable social standards.

Isolated from community resources, such girls are rarely known to any social agency except a public assistance service. Many of them do not make sustained use of what medical resources are available to them until they arrive at a hospital at the point of delivery—confused, frightened, and unprepared. Few resume schooling after their babies come.

COMPREHENSIVE SERVICES for adolescent unwed mothers

MATTIE K. WRIGHT

In Chicago, in 1963, we made a modest beginning toward meeting the needs of such girls. It was only a beginning, for we were faced with an extensive problem: the rise in the number of cases. In 1964, for example, Chicago Board of Health reports indicated that 2,833 girls of 17 and under had given birth out of wedlock. In 1965, this number rose to 3,144—an increase of 11 percent. Over 75 percent of these girls resided in areas of the city characterized by the lowest per capita incomes, the highest rates of illegitimacy, and the lowest levels of educational attainment; 83 percent in 1964 and 85 percent in 1965 were Negroes. (These figures, of course, do not give the total picture because of under-reporting and "hidden pregnancies" in middle class groups.)

Concern over the lack of coordinated services for these girls prompted the Mental Health Division of the Chicago Board of Health, in February 1963, to set up the Community Services Project. This pilot demonstration was designed to meet on a small scale the comprehensive needs of a selected number of unwed pregnant adolescent girls. Initially supported by a 3-year grant of $169,000 from the National Institute of Mental Health, the project received a 4th year of support to try to build the program into the fabric of basic community services. This is now being done, as I will describe further on.

The project, carried out through the collaboration of the Board of Health, the Board of Education, the YWCA, the Community Referral Service, and a number of voluntary hospitals, offered an array of medical, educational, and mental health services without charge to pregnant girls who were living at home in unfavorable environments. At first, it served only 15 girls at a time, all of them under 16. In 1964, it served 30. All were Negro girls from areas characterized by poor housing, crowded schools, minimal job opportunities, and family disorganization. Many of them were from families in which the only adult was a mother or a grandmother.

An office was secured for the project in a public housing unit, situated in a culturally and economically deprived area of the city, inhabited predominantly by Negroes. In the beginning the staff consisted of a full-time director (a social worker), an additional social worker, a psychologist, a consultant psychiatrist, a teacher, a project coordinator (also a social worker), an administrative assistant, and a secretary. A second staff social worker was added in 1964. In addition, in November 1964, nurses studying for a master's degree in psychiatric nursing at the St. Xavier's College of Nursing were assigned to the project for their field work. Previously, nurses from the Chicago Board of Health instructed the girls in prenatal and postnatal care.

The following criteria were established for admission to the project: The girl must have been in elementary school; in her first pregnancy; not beyond the 7th month; without serious medical problems; and interested in attending school. Girls who were formerly students in classes for the mentally retarded were generally excluded from the project, although some exceptions were made.

Educational program

While the initial planners of the project were convinced that medical and mental health services for these girls should be given major attention, they decided that offering the girls an opportunity to

participate in an accredited school program was basic to insuring their involvement in the total project.

The educational phase of the program, offering both academic and home arts curriculums, was carried out in a large classroom in a YWCA center located in a housing project which also contained a mental health clinic, a Board of Health prenatal station, a district office of the Cook County Department of Public Aid, and a district office of the Youth Commission. The proximity of these facilities was of great advantage in coordinating services and maintaining a close working relationship between the staffs of the different agencies.

The Board of Education provided the teaching staff, work materials, carfare, and lunch. The school routine and curriculum approximated, as much as possible, those of a regular school classroom.

Early in the project it became apparent that one teacher could not be expected to have proficiency in both academic and home arts subjects, nor could she be expected to provide the remedial and individualized instruction that most of the girls needed. Therefore, in June 1964, the Board of Education replaced the one teacher in the project with two experienced elementary schoolteachers—one trained in academic subjects, and the other in home arts. It was then that the enrollment was expanded to 30 girls.

The teachers placed special emphasis on increasing the girls' incentive and self-direction. They also encouraged the girls to assume responsibility for completing work assignments, caring for materials and equipment, and showing consideration for their fellow students, teachers, and visitors.

A hot lunch, brought in from a nearby high school, was served daily. This not only insured that the girls got at least one well-balanced meal a day, but it also provided opportunity for instruction in table setting, serving methods, table manners, and cleaning up. Each girl was encouraged to learn to work efficiently and quietly while performing the homemaking tasks, to be polite, to converse in a pleasant voice, and to eat a variety of foods.

The skill, sensitivity, and warmth of the teachers enabled them not only to create an atmosphere for learning in which the girls felt secure and accepted, but also to stimulate the girls to raise their level of achievement. Many of the girls responded with greater self-discipline and purpose, not only in their academic performance but also in their behavior and attitudes. They showed marked regularity in school attendance, in contrast to their generally erratic attendance when they were in regular school.

The prescribed curriculum was enriched by a weekly arts and crafts class in knitting, crocheting, embroidery, rug-hooking, and toy-making, conducted by a volunteer. For three summers, a college student, recruited by the Careers in Social Work program, offered individual tutoring in reading to girls especially needing it. In addition, the YWCA offered the girls classes in typing and personal improvement after the regular school day ended.

From February 1963 through February 1966, we

Five teenage unmarried mothers participate in a group discussion with the social worker (left center) and the director (right center) of the Community Services Project, Chicago. In such meetings, staff members acquire better understanding of the girls and the girls acquire better understanding of their problems and of ways of solving them through using their own ability.

had 390 girls referred to the service. Of this number, 108 girls were accepted into the program. The remaining 282 girls were not accepted for the following reasons: advanced stage of pregnancy; chronic physical illness; severe emotional problems; mental retardation; inability to involve the girl's family; limits of project capacity. The excluded girls, however, were accepted for medical care by the cooperating health services.

Of the 108 girls who participated in the project, over 60 percent were referred by the Board of Education or the Board of Health's infant welfare stations. Their ages ranged from 11 to 16 years, with a median age of 14. Fifty-nine percent were living in one-parent homes (mother or grandmother only).

Almost one-third of the participating girls had themselves been conceived out of wedlock. The median number of months the girls had been pregnant when admitted to the project was 5; the lowest number, 2; the highest, 8. Eighth grade was the median school level, but a few girls were in the sixth and seventh grades. Seven months was the median duration of enrollment in the project's school—1 month, the shortest period, 14 months, the longest.

The ages of the babies' fathers or putative fathers ranged from 14 to 34 years, with a median age of 17 years. Many were unemployed school dropouts.

Medical services

Comprehensive medical care, including prenatal, delivery, and postnatal care, was provided for the girls by the Board of Health's Maternity and Infant Care Project, with support from the Children's Bureau.[1] Facilities used were the Board's maternity clinics, its infant welfare stations and special pediatric clinics for high-risk babies, and 12 participating voluntary hospitals. Costs which could not be borne by the girls or their families were borne by the Maternity and Infant Care Project, or, for girls who were receiving public assistance, by the Cook County Department of Public Aid.

In addition, the student in psychiatric nursing arranged special hospital visits for girls close to delivery, visited each girl in her home before delivery and immediately upon her return home, and conducted weekly maternal health discussions with the girls at the school. These meetings were divided into two sections—one for pregnant girls and the other for girls who had already had their babies. They were geared to providing essential health information and at the same time to helping the girls handle constructively the feelings and attitudes associated with their condition.

Excerpts from a report of the health discussion groups by one of these nurses, Judith Meehan, reveal something of the needs of these girls:

. . . Although I found gross lacks in the girls' knowledge of the basic facts of life, I did not find this surprising or out of the ordinary for this age group. However, without the opportunity for weekly group discussions, I would not have known or been able to ascertain in what areas the deficit was the greatest, and, therefore, needed specific and special attention to fill.

However, what the girls did not lack were gross misconceptions and misperceptions about their bodies—about the function of their bodies and about the care of their bodies. There was a definite need, therefore, to unlearn these misconceptions, misperceptions, and superstitions upon which they have been operating; and then, there was a definite need for factual information from me for the girls to use as a substitute—a realistic substitute. Some common questions and ideas expressed by the girls were: "How come the baby does not drown if it's in a bag of water?" "How do people have babies out of their side?" "Why do some people have stitches and some don't?" "What are the baby's soft spots for?" "If I lift my hands above my head, will the baby strangle?" . . .

It was with their profound curiosity about life—anything and everything—that I often found myself working. Eventually, I became conscious of my stimulating, nurturing, and fostering their curiosity as a very profitable and satisfying means of learning—as a gratifying substitute for their present learning via physical experience only. . . .

. . . Fear of pain during delivery was the most often expressed feeling. Guilt about being pregnant also came up often, but in a sense, it often felt to me like guilt about anything and everything—as if an apology for being alive.

Possibly the greatest demand on me and by me was to convey to each girl that she was important to me—that her ideas, questions, feelings, and thoughts about whatever she wished were important to me. . . .

Mental health

The third focus of the project—the promotion of mental health—involved individual and group counseling, psychological testing, and psychiatric consultation. In addition to scheduling periodic individual interviews with each participating girl, the social workers offered regular interviews to their mothers. However, shortly after the project went into effect, the social workers found that both the girls and their mothers felt threatened by individual interviews and broke many appointments.

Constant reaching out over a sustained period was often required to get both the girls and their mothers involved. Because of the common life experiences of the girls and their mothers, problems in communi-

cating, and social isolation, the staff decided to complement the individual casework interviews with group discussions. We found that the group approach not only furthered our diagnostic understanding of the conflicts, strength, and needs of the girls and their mothers, but also improved both the girls' and their mothers' ability to work on their problems.

The girls met in groups of 12 to 15 each, once a week, for an "educational process and problem-solving discussion" led by the caseworker but carried on chiefly through a free and spontaneous exchange. The emphasis was on problems of living, self-directed learning, stimulation of varied interests, and expansion of horizons. Because these girls tended to be "action-oriented," to respond to the here-and-now, to be "doers" rather than "reflectors," and to fail to see relationship between cause and effect, attempts were made to build on what they had—to help them learn from their experiences and the experiences of others and translate, abstract, and generalize from these experiences rather than to view them in isolation or as something that "just happened to me."

The group offered the girls a broad opportunity for the development of positive relationships with authority figures and with their peers. The leader saw her role as keeping the discussion focused on the girls' immediate problems, controlling impulses, acting as mediator, and creating a growth-inducing atmosphere. In order to help them sustain the gains they had made and recognize that they would need help over a long period of time, not just during their active participation in the project, an after-school, biweekly discussion group was started during the girls' first week in regular school. The 18 girls in this group set up their own goals for these discussions—"to stay in school," "to avoid a second pregnancy," "to develop their personalities."

The leader's role changed with the mothers' group which also met biweekly. At their meetings she was much more directive than with the adolescents, although she did encourage free discussions. The emphasis was on strengthening the woman's mothering role by fostering better self-understanding, building feelings of adequacy, and improving their communications with their daughters. She also helped them plan special activities such as parties and outings with their daughters. Many of these socially isolated mothers developed firm friendships in the group.

Characteristics of the girls

Most of the girls we served had already repeated one or more grades of school and were functioning academically on a level 2 to 4 years below normal expectations. Many described themselves as having few friends and lacking physical attractiveness, talent, and skill. In general, they were poorly socialized, immature, and impulse-ridden, and had developed few inner controls. They often used aggressive behavior as a defense against feelings of emotional deprivation, dependency, inadequacy, low self-esteem, and isolation from others.

The initial response of the girl's mother to her pregnancy usually reflected high anxiety, stress, and hyperactivity. Feelings of guilt were projected onto the girl or to factors outside of the family. The pregnancy was viewed as an assault upon the family and, for a temporary period at least, it seemed to mobilize the family to better organization. However, the apparent ability of the family to cope with the problems it presented was usually only superficial. Putting up a facade is the mechanism such families have historically used to maintain themselves in the face of continuous and multiple onslaughts on every aspect of their daily lives. We saw in mothers a deep sense of disappointment—the daughters for whom they had wanted a better life were now caught in the same bind as themselves.

The majority of the girls exhibited a noticeable regression to more infantile and dependent behavior. They said their sexual experience was no different from that of other girls their age and saw themselves as "victims of circumstances" or were generally puzzled that the pregnancy could have occurred. But their feelings of guilt were manifested through somatic complaints and through projecting responsibility for their condition on others. Many had real difficulty in accepting their pregnancy as fact and tried to carry on activities incompatible with their condition. After they had given birth they were usually able to talk about themselves more realisti-

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Before becoming director of the Community Services Project of the Chicago Board of Health in February 1963, Mattie K. Wright was a supervisor on the social work staff of the Chicago West Side Veterans' Administration Hospital and a field work instructor for the Loyola University School of Social Work, the institution from which she holds a master's degree in psychiatric social work. Her previous experience included extensive work with unwed mothers.

I DON'T UNDERSTAND

by MAMIE (a teenage unmarried pregnant girl)

I don't understand why she [Mother] is always on my back,
Because I always try to stay out of her path.
She has a he and treats him like a king, but among other things, I think he is a scream.
She makes his lunch and fixes his bed; it's a wonder she doesn't fix his head.
I don't understand why she thinks I'm so fast
Because I always try to stay in my path.
She makes me glad—she makes me sad
I wonder why she is always mad?
She loves her son very much, but her daughter is such a slut.
I tell her she should treat us equal, but you think that helps?
She'd surely be ready to belt.
Of all I said, I think she's grand—
I just want to say—I don't understand!

cally and to express feelings of guilt, frustration, and unreadiness to assume motherhood.

Most of the girls expressed a desire to keep their babies. But they were rarely able to participate in discussions geared to planning realistically for the child. Many of them seemed to see the baby's identity as being inseparable from their own. They tended to turn to their mothers for direction.

Hence, the mother's own feelings and attitudes, reflecting many complex pressures, bore strongly on the plans for the child. Among these pressures were a strong cultural sense of obligation to care for one's own; the mother's sense of guilt about her own sexual behavior which had produced a child out of wedlock; and her identification with her daughter's situation. Frequently, a girl's mother regarded keeping the baby as a maturing experience for her daughter, or as a means of controlling her future activities, particularly with respect to any future sexual behavior. Some mothers also indulged in the fantasy that the new baby was providing them with a second chance to perform the motherhood role effectively, a role in which they felt they had failed with their own children.

The girl's relationship to the baby's father varied with the girl—ranging from a casual encounter to an intense relationship of long duration. The intensity of the relationship seemed to be associated with the degree of conflict and emotional deprivation experienced by the girl, particularly in her relationship to her mother. Girls often described feelingly how "nice" a boy had been to them and how affectionate, even when they knew he had been involved with other girls at the same time.

We interviewed some of the fathers of the expected babies. Few expressed any responsible interest in the girl's state of well-being, in participating in any planning in her behalf, or in continuing the relationship. Although the girls were unhappy and angry over such abandonment, they continued to engage in fantasies about the positive role the father would assume in their own and their child's life. Most of them had such a strong need for love and affection that they either attempted to continue a relationship with their baby's father or began seeing a new boy.

How they saw themselves

The following excerpts from a record of a group meeting conducted by one of the project's staff social workers, Dolores Exum, reveal something of the girls' self-image.

. . . Ann started the meeting by asking me a direct question about whether I had had sexual relations as a teenager. Joan, Sylvia, and Mamie joined in a chorus, demanding that I answer. Susie and Carrie said that they wanted to be "counted out"—meaning that they were not pushing to have me answer.

I said I wondered why they asked this question. Joan said I was their "idol"—they did not act like it, but I had a lot of influence on them. Ann spoke of her South Shore friends (middle-class neighborhood). They live in houses and go to college; all the girls "put on airs." They take pride in being "virgins." She suspected that I was like the "South Shore kids." Some might be true virgins, but she suspected some knew a lot about birth control. . . .

Since Ann brought up the question, I asked her if she had anything else in mind. She said she wondered whether it were possible to grow into adulthood without having sexual relations. The group thought it was possible, and they talked about what the teachers had said about their teen years. Susie mentioned that Mrs. A said she had grown up in a neighborhood like the ones in which they lived and "she had not given in." Frances and Marie thought it was "luck" that enabled a girl to avoid being seduced. Marie said she would never go steady again. . . .

I talked about my feeling that each girl had within her certain capabilities and strengths which she could use to make for herself the kind of life she wanted. . . . I said I was certain the girls in South Shore had to control their sexual urges, too. Perhaps some know more about birth control because they think it is a good idea to postpone motherhood until they are older and married. I used several examples of thoughts the girls themselves had expressed about how to avoid intimacy in dating relationships.

Mamie said it was time to turn to other matters. . . . She

said she had a poem she wanted to read to the group. [See page 175.]

Gwen made a depreciatory remark about Mamie's poem . . . (but) Carrie and Susie said the poem was "nice."

Mamie suggested writing down things you are unhappy about as a way of "getting things off your chest." Donna said it was "too bad that girls could not talk to their mothers." The only time she was able to feel close to her mother was when she was "high on the roof." Carrie explained that this meant "feeling good from alcohol." Her mother was like that too.

There was an exchange between Mamie, Donna, Carrie, and Ann about being "dragged down" by depreciatory remarks and how their relationship had become more strained with their mothers since their pregnancies.

I suggested that what they had been saying had something to do with why a girl seeks closeness with a boy, and that sometimes a baby was a by-product, which only intensified a girl's difficulties.

The meeting had been extended past our regular hour. I suggested that we think about what we would like to discuss in our next meeting. . . . As there were no comments, I suggested birth control. There was considerable enthusiasm.

Plans ahead

As a result of its 3 years of experience in this pilot project, the Board of Education, in February 1966, established the first of several schools planned for unwed pregnant girls in Chicago. Known as the Family Living Center, the school is located in a modern, well-equipped, educational building of a church and is well suited for an academic and vocational training program. The school can accommodate 255 girls at one time, and it is expected that 450 girls will be served in it during a calendar year. As of June 30, 1966, 151 girls (91 in high school and 60 in elementary school) were attending the new school. Thirty of the elementary schoolgirls in this group were transferred from the original project school. They, along with the others, are receiving health services, as well as some of the additional services described in the demonstration program.

On the basis of the project's demonstration that comprehensive services for the adolescent unwed mother can be provided and effectively used through creative cooperative programing, expansion of the medical, social welfare, and mental health services of the Community Services Project is about to be launched, under a contractual arrangement between the Chicago Board of Health, the Illinois State Department of Public Health, and the Florence Crittenton Association of America.

The new services will be coordinated with the expanding educational services offered by the Board of Education. Together the two programs should go far toward meeting the needs of pregnant school-age girls in Chicago. They will be focused on girls remaining in their own homes during pregnancy who are isolated from the mainstream of urban living and who come from culturally and economically disadvantaged groups, including Appalachian white people, Negroes, Indians, and Puerto Ricans.

The staff of the Community Services Project will be enlarged to include additional social workers (male and female), psychiatrists, an obstetrician, a full-time nurse, and a nutritionist. In addition to complete prenatal and postnatal care for the girls and comprehensive health care for their babies, a network of other services will be offered the girls, their parents, and the putative fathers. These services will be given not only during the girls' pregnancy, but also on a continuing basis thereafter, as needed.

We will also continue recently introduced weekly discussion meetings with the teaching staff, led by a staff psychiatrist. These meetings have not only helped teachers to increase their understanding of the emotional and other factors operating in the girls' situation, but have also increased their ability to make the best use of themselves in their role as teachers. Similar discussions will also be carried out for members of other disciplines on the staff. Regular meetings of the entire staff will also be continued.

Our experience has taught us that comprehensive services necessary for this type of program require the use of many disciplines. It is, therefore, fundamental that staff members function as a team and share their individual training and skills for the improvement of the girls' complete well-being.

There is also a need for all professional disciplines to take a long hard look at the way in which they approach persons who come from other than middle and upper class socioeconomic groups. The time is long past when we can afford to see these people as "untreatable," "poorly motivated," and "impervious" to standards of socially acceptable behavior. Rather, we must assume an aggressive reaching-out role with them. The problem is not one of having to adapt the clients to the techniques and expectations of the various helping professions, but rather, of gearing our approaches to the clients' or patients' special needs and problems.

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[1] Close, Kathryn: Giving babies a healthy start in life. *Children*, September–October 1965.

THE PREVENTION OF ORAL DISEASES IN PRESCHOOL CHILDREN

WILLIAM E. BROWN

In spite of serious efforts to educate the American public, a large segment of the population still holds to the belief that primary (baby) teeth are relatively unimportant because sooner or later they will be replaced. Hence, they do not attempt to develop patterns of good dental health care in their children until, in many instances, it is too late, and they do not see the importance of dental programs for young children whose families cannot pay for private care. Actually, sound standards of dental health care should be established as early as the beginning of the calcification of teeth, that is, by 5 months in utero, and should be continued throughout childhood.

Dental health is not an isolated part of health, but a part of total health, and therefore representatives of many professional disciplines are involved in its preventive aspects—for example, pediatricians, public health nurses, and nutritionists. When dental health is seriously impaired, the child's physical and emotional health may also be endangered. Moreover, good dental care in childhood usually will prevent the need for dentures in an adult.

This article will outline a program to help prevent oral diseases in preschool children; and since preventive efforts cannot always be completely effective, it will also discuss current concepts of treatment from the dentist's point of view. Oral diseases encompass a variety of problems, including dental caries (cavities), periodontal diseases (diseases of the gums and supporting bones), malocclusion (crooked teeth), injuries to teeth, and developmental abnormalities.

Dental Caries

Fluorides. Dental caries is one of the most prevalent diseases known to man. In fact, only about 5 percent of Americans are caries-free; and children are the most susceptible. Many sound preventive measures are available, the fluoridation of communal water supplies being the most effective. One part per million of a fluoride in drinking water will prevent up to 65 percent of all cavities. The effectiveness and safety of this preventive measure have been proved beyond all question.[1]

It is little short of a national tragedy that only one-fourth of our population enjoys the benefits of this outstanding public health measure. The day is not far off, we hope, when the majority will shrug off the half-truths of the few but vocal people who oppose fluoridation and will accept the guidance of most health specialists who urge the addition of a fluoride to all community water supplies. The reduction in pain and cost and the preservation of good appearance attributable to this preventive measure are inestimable.

Where fluoride in drinking water is unavailable, fluoride supplements, drops or tablets, can provide a reasonable substitute. Many commercial fluoride supplements are available and can be secured by prescription through any dentist. Children should be placed on a fluoride supplement from birth until 8 years of age, at which time all of the permanent teeth (except third molars) are calcified.

In the absence of fluoride in drinking water or fluoride supplements, the topical application of a fluoride solution (swabbing fluoride on teeth), at appropriate intervals, is the next best precaution. The procedure is simple, painless, and inexpensive. It is available in most private dental offices. Moreover, many community groups have developed topical fluoride programs to provide this service on a mass basis.

Several caries-preventing toothpastes (usually containing a fluoride compound) have been recognized as helpful by the Council on Therapeutics of the American Dental Association. Because reports on the effectiveness of these dentifrices vary, their value is not fully determined. Yet, it seems logical to recommend their use.

Carbohydrates. Carbohydrates, especially sugar, play a highly significant role in the production of cavities. The more sugar a caries-susceptible person eats the more cavities he will get. Certain bacteria present in the mouths of most people convert sugar to an acid which decalcifies the enamel of the teeth, and this initiates the formation of cavities. The process takes place in the mouth shortly after the sugar is taken in and is not in any way contingent on sugar in the blood stream. Between-meal snacking on foods with high sugar content is more damaging than the same foods eaten at regular meal times. A caries-susceptible person should partake of a minimum of candy, pasteries, sugar-containing soft drinks, ice cream, chewing gum, and chocolate milk.

Since most children are snackers, regardless of the consequences, efforts should be made to supply them with noncariogenic snacks such as carrot and celery sticks. Brushing the teeth immediately after eating should be encouraged to scrub away the cariogenic materials.

Young children who have the habit of taking a nursing bottle of milk to bed may develop rampant caries. The milk tends to bathe the teeth for long periods of time, while the child sleeps, and the lactose in the milk may be destructive to the teeth of caries-susceptible children. Fortunately, by the time children have teeth they are likely to be on whole milk without sugar added. However, since there is disagreement among nutritional researchers whether the lactose in milk is productive of cavities, and hence whether milk without sugar added can be harmful to the teeth, the habit of taking a bottle to bed should be discouraged.

Short-term low carbohydrate diets are frequently advised for both children and adults who are highly susceptible to caries. However, such a diet must be controlled carefully under a dentist's supervision and should be advised only on consultation with the child's physician and when the family is seriously motivated to cooperate. Such a diet sharply reduces the acid-producing bacteria in the mouth. Even when it is discontinued, the number of bacteria remains low for extended periods.

Treatment of Cavities. All children should visit a dentist by the time they are 30 to 36 months old for a routine examination and oral prophylaxis. Cavities, if present, will usually be few in number and small in size. They should be treated promptly. If untreated, they will increase in size and eventually invade the nerve of the tooth. Toothache, infection, and the need for extraction of the tooth will result.

If a primary (baby) tooth is lost prematurely, particularly a molar, the space left will gradually close because of the shifting and tipping of the adjacent teeth. This closure of space will often block the normal eruption of the succeeding permanent tooth several years later, resulting in a serious malocclusion. Although space-maintaining appliances can prevent space closures, their use is often difficult in preschool children. They are difficult to fabricate successfully and must be kept in service for many years until the permanent teeth erupt.

The first permanent (6-year-old) molars usually start to erupt by the 6th year. They may erupt, however, as early as 4 years or as late as 8 years. They erupt behind the last primary molar in the arch, and no primary tooth is lost in the process. Parents often mistake the first permanent molars for late-erupting primary teeth and are little concerned about their well-being. Because of the deep fissures in the biting surfaces, these permanent teeth often develop cavities very quickly. If these cavities are not treated and the teeth extracted, the entire future of the child's dental health is in serious jeopardy. Even comprehensive orthodontic care (straightening) may not completely solve the problem. The breakdown of an adult dentition may stem from this very early problem.

No longer are there valid reasons for children to be fearful of dental treatment. It is rarely uncomfortable, due to good, easily administered, local anesthetics and instruments operated with a feather-like touch. If the child is taken to the dentist early, before the existence of serious problems, he can be introduced to dental care gracefully, and the dentist has the opportunity to gain the child's confidence. Once confidence has been won, it generally persists for life. After a child's dental needs have been cared for, it is extremely important that he returns

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for periodic reexaminations and maintenance care. Regular visits minimize treatment needs and cost.

X-rays of a child's mouth are usually required for a thorough diagnosis. They are necessary to detect cavities between the teeth, to detect root-end infection, to determine significant patterns of growth, and to detect extra or congenitally missing teeth, the knowledge of the presence or absence of which is important in planning properly for the child's dental future. Modern X-ray machines, when properly calibrated, and fast films make this diagnostic service safe even for young children.

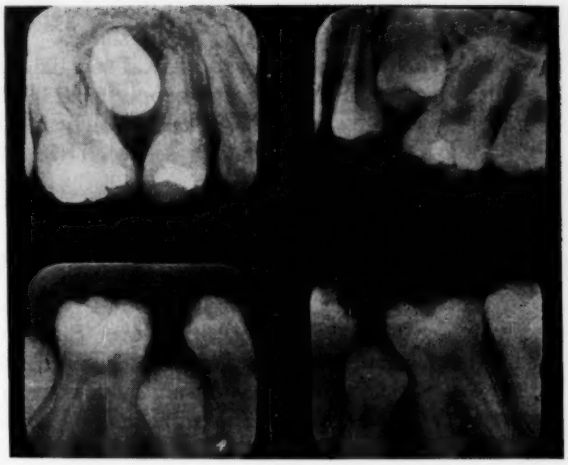
Periodontal diseases

Diseases of the gums and the bones supporting the teeth are rare in preschool children. Diseases of the gums become more frequent in school-age children, and in adults they are the most common cause of the loss of teeth. Habits of good home care of the teeth and gums should be established early in life. In fact, toothbrushing should begin as soon as the first primary teeth erupt, as early as 6 to 8 months of age. Of course, at this early age the parent will brush the child's teeth. As soon as the child develops adequate motor control, he should participate in the toothbrushing routine under the guidance of the parent. With persistent instruction, he will usually develop firmly entrenched toothbrushing habits. Good brushing habits, coupled with a periodic professional oral prophylaxis, should assure continued health of the supporting tissues.

The preschool child should possess two small-size toothbrushes and use them alternately. They should be replaced when they are worn and too soft. Electric toothbrushes may encourage more regular brushing because of their novelty. Recent studies, however, indicate little difference in effectiveness between the electric and the hand brush. Electric brushes can be advantageous for youngsters lacking in motor coordination. A caries-preventing toothpaste should always be used. Dental floss should not be used by preschool children because it must be used gently and can irritate soft tissues when used carelessly. Mouthwashes have little value.

Malocclusions

Most malocclusions (crooked teeth) are hereditary. Some, however, result from environmental factors. The premature loss of primary teeth is one of these factors. Persistent thumb- or finger-sucking habits are additional factors which may result in serious malocclusions.



X-rays showing a severe malocclusion with teeth blocked out of the arch because of premature loss of primary teeth. This could have been prevented by filling the primary teeth.

Thumb-sucking until age 2 is generally considered normal, and it is a common habit. However, if the habit persists beyond age 2, it may result in a malocclusion, depending on the type of natural occlusion and the frequency and intensity of the habit. The habit disappears naturally in many children; in others it may continue for many years. The reasons for the differences in duration are not known precisely, but emotional security and parental attitudes may be partly responsible. In some children, the only reason for the prolonged habit may be lack of incentive to break it.

There is no "right" time to break all thumb-sucking habits; although the sooner it is done the better. If the habit is overcome before the permanent teeth start to erupt, any resultant malocclusion may be self-correcting. Habits which continue until after the permanent teeth begin to erupt often result in malocclusions which require orthodontic correction.

The dentist can serve as a persuasive counselor and may be able to influence the child to give up the habit, by showing him its ill-effects through models and photographs of malocclusions. If he persists, the parents should be advised to discuss the problem with their pediatrician or family physician. The management of the habit in children with underlying emotional problems may be very complex, for the elimination of one habit may result in the substitution of another even more undesirable.

Pacifiers for very young children have been suggested frequently as a substitute for the thumb. The efficacy of pacifiers is not well known. They, like the thumb, can cause protrusion of the upper front teeth. However, pacifiers are usually discarded earlier than the thumb-sucking habit, making self-correction of the malocclusion more likely.

Injuries and staining

Preschool children often receive blows to front teeth from simple falls or flying objects. Such injuries can result in discoloration of teeth and death of the nerves. Discoloration in itself is of little consequence, but nerve death is significant and often results in infection and the necessity for extracting the tooth. Any child receiving an injury which produces displacement, fracture, or discoloration of teeth should be examined promptly by the dentist.

The early loss of a primary front tooth is relatively unimportant since spaces rarely close in this segment of the dental arch. Usually the greatest problem is the concern of the parent who is disturbed by the child's toothless smile. The artificial replacement of a missing front primary tooth is difficult and usually not worth the effort. When several front teeth have been lost, however, replacement may be necessary to prevent collapse of the lip and speech impairment.

Intrinsic, permanent staining of primary teeth has many causes. Tetracycline is one. Tetracycline, an antibiotic drug sometimes used to treat upper respiratory and middle ear infections in children, may produce permanent, disfiguring staining in primary and permanent teeth. When the drug is used for short periods and infrequently, the staining may be relatively minor. When it is used frequently and for prolonged periods, the staining may be severe, and the teeth may even become misshapen. There is no treatment for these teeth short of covering them with jacket-type crowns. Since tetracycline can stain teeth throughout the period of calcification, it should be avoided, whenever possible, by pregnant women after 5 months of gestation and not given to children before they are 8 years of age. Since there are several other drugs with similar or greater effectiveness, avoiding tetracycline should create no serious problems.

Last year, only 40 percent of the people in the United States visited a dentist at least once. Even fewer received complete care. This is an appallingly low percentage in a society as affluent as ours. Programs to educate the public about oral health care and to motivate people to seek professional services have obviously not been highly successful.

However, the high cost of good dental care is undoubtedly another factor deterring many families—especially those with the lowest income—from securing such care for their children. Up to now, few programs for promoting the health of children of low-income families have included dental services. Medical services are running far behind the need of these children, and dental services are running even farther behind. Many of the dental services which have been made available provide only for emergencies, chiefly extractions.

An encouraging note is the specific mention of dental care in the new health programs authorized under the 1965 amendments to the Social Security Act—in Title XIX, which provides for grants to the States for medical and remedial services for certain families and individuals whose financial resources are insufficient to meet the cost of care, and in the new section of Title V (sec. 532), which provides for special project grants for the comprehensive health care of preschool and school-age children in low-income areas.

In view of the potential increase in demand for dental care stimulated by these Federal programs, the American Dental Association is formulating a program to provide guidelines for dental care for all the Nation's children. This will be presented to the Association's House of Delegates at its annual meeting in November 1966. Questions of manpower requirements, facilities, cost, and priorities for care are being explored in the preparation of this program. The purpose is to provide direction and focus in coordinating plans for dental care so that good care may be available to everyone.

The importance of early and regular dental care cannot be overemphasized. The standards of dental health are established early in life, even before the child is born. Good habits developed in childhood will lead to good dental health in adulthood. These can be encouraged by physicians and public health nurses as well as by dentists. The goal, the elimination of all dental disease—a distant one to be sure—is well worth striving to achieve.

[1] Ast, David B.: Prophylactic against caries. *Children*, November-December 1956.

1. a look at what they do

VAN G. HROMADKA

Do child-care workers in children's institutions need more formal training for their jobs than they are getting, and, if they do, what kind?

In an effort to answer these questions, the Jewish Board of Guardians, a voluntary children's service agency in New York City, recently undertook an inquiry, with the support of the National Institute of Mental Health, into what the child-care task actually involves, in a selected sample of children's institutions in the Mid-Atlantic region, and how the child-care workers are equipped to carry it out.[1] There were both encouraging and discouraging aspects of the findings.

The most encouraging aspects were that, taken altogether, the tasks being carried out by the child-care workers comprise the creation and management of a reasonably secure and comfortable living experience for the child, with a definite therapeutic purpose; and that child-care workers, administrators, and clinical staff alike recognize the need for revision as well as extension of current training efforts to carry out these tasks truly effectively.

The most discouraging aspect was that in no institution were the workers trained sufficiently for what was expected of them. In many instances they were put to work without any basic understanding of their task.

The 12 institutions studied were selected from 238 in Connecticut, New Jersey, New York, and Pennsylvania which responded to a questionnaire sent to all the agencies in these States providing residential services for children. A major basis for selection was that the institution had less than 30 percent of its population under clinical treatment for emotional disturbance and a staff ratio of no more than 25 children for each therapist and child-care worker. Under seven other criteria, agencies selected for the study all (1) included some emotionally disturbed children; (2) had at least one full-time psychologist, psychiatrist, or psychiatric social worker on the staff; (3) cared for not less than 12 children; (4) cared for some children between the ages of 6 and 16; (5) cared for children on a long-term basis; (6) provided children with residential care on a 24-hour day, 7-day week basis; and (7) were not hospitals, maternity homes, or institutions for mentally retarded or physically handicapped children.

In all, 36 institutions met all the qualifications, and one-third of these were chosen for the inquiry with careful attention to achieving a sample covering a full range in structure and philosophy.

From these 12 institutions, 24 child-care workers were selected by their immediate supervisors and the heads of the participating agencies for interviewing and observation by the study's staff. Half these child-care workers were men and half were women. Although "average" workers were requested, the administrators' participation in the selection probably resulted in the inclusion of the better workers.

All participating child-care workers were assured that they could feel free to express unpopular views because the views they expressed in the interviews would be kept confidential and the participating agencies and staff would be identified by code number only. They were also told that the purpose of the inquiry was to bring about improvement in the status as well as services of child-care workers and that by participating in it they would be making a contribution toward this.

The inquiry proceeded through open-end interviews with the child-care workers, their supervisors, and their agency administrators and through direct observation of the child-care workers at work. The purpose of the interviews was to obtain information on each worker's background, his personality, why he went into the child-care field, what kind of training he had had or was getting to prepare him for his job, how he was using the training he had had, what negative factors might be affecting his work, and his own and his superiors' opinions of his need for further training and knowledge. The work observation was focused on the volume and nature of the activities and responsibilities expected of the child-care worker and those he carried out, the ways he carried them out, the amount of decision-making power he had been given or had assumed, and the way he dealt with emotional interchanges with the children. It also noted the similarities and differences in the agencies' philosophies and practices in relation to the child-care worker's role and the quality of the attitudes of other staff members toward him.

Each child-care worker was observed for two periods: (1) in the morning from the time the children were awakened through breakfast; and (2) in the afternoon from the time the children returned from school through the evening meal. These two periods were chosen as the times when the child-care workers were in most direct contact with the children. The validity of the observer's impressions was upheld when tested against the scores made by the child-care workers on an instrument prepared with the help of three psychiatric social workers and three group workers. It asked the child-care workers what they would do to handle an angry and impulsive group of children who threaten to punish one member of the group because they suspect him of stealing an object of personal value from another member who happens to be the group's favorite. Desirable responses were to fall within the following work prescription:

- The child-care worker has to retain control of the situation.
- The worker has to act promptly.
- This is not a case for deciding whether to handle the immediate needs of one boy or those of the group; the individual and group level must be perceived as simultaneous levels of an organic situation.
- If the boy is guilty, this fact must be assessed and the boy held accountable; if not guilty, the group must be helped to accept this.

The child-care function

Seven basic areas of responsibility were common to all the child-care workers observed. These might be termed the "prototype" of residential child-care function where treatment and rehabilitation of the child are the objectives of institutionalization:

1. Participating personally in the planned, daily routines of group living, including awakening the children in the morning and putting them to bed at night, and—depending on the diagnosed degree of dependency of individual members of the group—supervising, guiding, and encouraging socially acceptable habits regarding body hygiene, personal grooming, toilet training, table manners, and dealings with others.

2. Supervising the provision of food, clean clothes and bedding, and other items and services needed to meet the requirements of reasonably comfortable and socially acceptable group living as well as the special needs of individual children as determined by their therapists.

3. Providing first aid and nursing care—under medical supervision—for the child who is injured or sick.

4. Providing and symbolizing security to the children in care by maintaining discipline and order in and around the living quarters and on outings as well, keeping the demands of individual children in balance with the needs of the group as a whole.

5. Participating with the children in both planned and casual recreation and other activities such as household chores and other work projects designed to promote a healthful peer experience for the children and to provide them with a meaningful and socially acceptable outlet for accumulated physical energy and pent-up emotions.

6. Stimulating the children to seek knowledge and orientating them toward the social norms which govern life both within and outside the institution.

7. Interpreting, facilitating, and enforcing the institution's policies and providing information to and consulting with other staff members about individual children.

In no institution did the child-care task consist

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solely of the activities in this "prototype" of the child-care function. The number of additional activities expected of the child-care worker ranged from 5 to 11 per institution. They fell into four main categories: (1) direct housekeeping; (2) special educative and guiding efforts; (3) broader involvement in psychological help; and (4) administrative management. In some places these additional activities were prescribed by institutional policy; in others they were not. Yet workers engaged in them were found in all institutions studied.

There were as many workers delinquent in carrying out the additional activities expected of them as there were workers who assumed such responsibilities on their own initiative and without prescription from the administration. Both the failure to perform to expectation and the voluntary assumption of responsibilities seemed determined by the worker's choice or ability, or both, rather than on-job prescription or policy enforcement. However, in contrast to the popular image of child-care workers, few of the workers in the study directly performed housekeeping chores.

More than one-half of the child-care workers' time was spent in meeting the psychosocial needs of the child. One-third of the workers' time was spent in meeting the children's physical needs, and the rest was absorbed in administrative duties.

The satisfaction of psychosocial needs, regarded in all 12 of the institutions as central to the child-care function, involved re-education of the individual child and intervention in the group living process. Study of the living process through observation showed an average of 15 different situations requiring a worker's attention over a 5-minute interval. This reflects the high pressure under which the child-care worker operates and his need for working techniques to help him deal with problems quickly and effectively.

The child-care workers' management of and intervention in the group living process were characterized by a unique systematized method, which could be identified as the child-care method. This involved psychosocial, enabling, educative, and authoritative behavior, applied differently in different situations: predominantly or supportively, alone or in combination, simultaneously or in succession.

These four types of behavior involve the following tasks:

• Psychosocial behavior—providing the warmth of companionship by physical presence, words, and other demonstrations of "caring" to facilitate social and emotional comfort and growth.

• Enabling—providing leadership in the group's activities and manipulating the environment to maintain group balance or achieve a goal.

• Educative—instructing, guiding, demonstrating, and counseling to facilitate learning.

• Authoritative—enforcing discipline and responsibilities through physical presence and through controlling intervention, verbal or other.

These techniques are, of course, used by others engaged in working with children in institutions. The unique patterns in which these types of behavior are applied by child-care workers are illustrated in the box below.

Training needs

None of the child-care workers interviewed had received training before they entered employment. Two-thirds of those in the study had been assigned

TECHNIQUES USED BY CHILD-CARE WORKERS

in dealing with the needs of children living in a group

types of children's needs	techniques predominantly applied by child-care worker	order of reinforcing techniques
to belong	psychosocial behavior	enabling behavior
to be respected	enabling behavior	1. psychosocial behavior 2. educative behavior
to be protected	psychosocial behavior	1. authoritative behavior 2. educative behavior
to get along with others	authoritative behavior	1. psychosocial behavior 2. educative behavior
to further knowledge and skills	enabling behavior	1. educative behavior 2. authoritative behavior
to have satisfying constructive social experience	enabling behavior	psychosocial behavior

to groups of children when they first reported to work and were given little, if any, orientation to the job. While they all had continuous on-the-job supervision, it was largely confined to indoctrination in routines and policies of the institution. Only three of the institutions provided for intramural and extramural courses for on-the-job advancement of the child-care staff.

Thus, the only true source of training for the child-care workers was their supervisory experience. Yet in only 6 of the 12 institutions was the supervision provided by staffs specifically designated and trained in some manner to do the job. In the other institutions, the supervision was provided either by the casework supervisor or the administrator, whose schedules were heavily loaded with their own responsibilities.

In the institutions, the supervisor frequently was not available when needed and the supervision tended to be superficial and unrelated to the concrete situations which face the worker from day to day. Some of the workers spoke of being so discouraged with their supervision that they relied chiefly on their commonsense in dealing with the children—an indication that they had retreated from the learning process.

In both the on-the-job supervision and the special courses provided for child-care staff members, the child-care workers had important points in child development called to their attention, but were given no prescription for going about the tasks at hand. For example, they were given no instructions in how to observe, evaluate, and report on a child's functioning, nor in methods of psychological management of the individual child or of group intervention. They were encouraged to tolerate acting out and impulsive behavior on the part of the children, but were not told what measures they could use to secure order in the living units nor how they could help a child having an emotional outburst bring himself under control. They were taught that they could accomplish their task through their relationship with the child, but not how to apply this idea in dealing with many children making many different kinds of demands at the same time.

The supervisors maintained they themselves needed to learn a great deal more about the child-care process before they could provide meaningful guidance and teaching experience to the child-care workers.

Some implications

Inadequate instructions can do more harm than good. They may not only confuse the worker and hamper his conscious use of the self, but may also further reinforce his emotional defenses and make him withdraw from further learning. Although the concepts of social work and psychiatry may help the child-care worker greatly in establishing his relationship with the child, the multiple aspects of the child-care worker's task and the forces which continuously interfere indicate that tools designed for use in an isolated treatment hour are insufficient for group living. While casework and group-work methods apply in specific treatment situations, they do not give prescriptions for the complexities of group living. With dozens of things demanding attention at the same time or in rapid succession, the child-care worker, by using techniques which help him deal with problems quickly, has been developing, without knowing it, a new disciplinary method.

The child-care method, of course, needs further conceptualization, refinement, and improvement, and it needs to be transcribed into units of work prescription before it can become communicable and teachable. This calls for a collaborative effort on the part of institutional administrators and educational institutions to pull together and enlarge upon the present knowledge in child-care technology and to revise old training programs and formulate new ones, looking to institutional child care as a distinct discipline with its own methods of functioning.

Training at two levels seems indicated: (1) basic training for child-care practitioners, and (2) advanced courses in child care for supervisors and other leaders in the child-care field. An imperative is to make basic training available and compulsory at the pre-entrance level of employment, not only for the sake of raising the status of the child-care worker, but also, and above all, to protect the children in care against abuse of experimentation by workers insufficiently prepared for their task.

[1] National Institute of Mental Health Grant No. MH–631–6.

2. a two-level training program

GUINEVERE S. CHAMBERS
GENEVIEVE W. FOSTER

Elsewhere in this issue of CHILDREN, Van G. Hromadka gives evidence of the need for training institutional child-care workers. [See page 181.] He has also, in a past issue of this journal, deplored the inadequacy of child-care training programs in this country as compared with Europe, where a large proportion of child-care workers are graduates of 2-year courses in child care.[1] Child-care workers as referred to in his earlier article are persons—sometimes called houseparents or counselors—who assume full- or part-time care of groups of children.

We agree with Dr. Hromadka that there is insufficient training of child-care workers in this country. We are, however, in a position to describe a university program for training child-care workers which has been in operation since 1954 and which now offers training at two levels, the one leading to a degree of master of science in child development and child care, and the other to a certificate in child care. Both programs require the students' full-time participation for at least 2 years. The programs are offered in the Child Psychiatry Service of the Department of Psychiatry in the School of Medicine, University of Pittsburgh. They grew out of an awareness within the Department of the importance to the emotional health of children of understanding and skill in those who care for them; hence, the establishment of these programs in the medical school, although most other university courses in this country in the study and care of children are offered through schools of social work or home economics departments.

Some comments about our experience may be of help to others who are concerned with developing programs to train persons for caring for children.

The first program established was that leading to the master's degree. This was initially planned to provide training for persons who would care for normal or deviant children in residential or day-care centers. It soon became apparent, however, that agencies which were employing the program's graduates regarded them as too expensive for use in the daily care of children and were assigning them instead to supervisory, administrative, or teaching positions, except in a few instances where they were assigned as leaders of otherwise untrained child-care teams. Therefore, to prepare persons for child care who would not expect higher level positions or salaries, the Department, in 1963, with the help of a grant from the National Institute of Mental Health,[2] initiated its 2-year course for high school graduates. This course does not carry university credit but leads to a certificate in child care.

The M.S. program

In the beginning of the master's program, the following principles were laid down:

- **Study of the normal child to precede that of the pathological child.**
- **Study of younger children to precede that of older children.**
- **Practical and theoretical aspects of a given subject to be taught concurrently.**

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• **Emotional and intellectual, biological and sociological aspects of child development to receive concurrent and balanced consideration.**

Thus the student is taught that, "a child is always a child, regardless of his personal handicap or living circumstances," as Dr. Hromadka has recommended.[1]

In the graduate program, students who are planning to work with normal children and those planning to work with children who have special problems take most of their courses and also their early practicum (field work) training as a group, separating only for the later practica and for certain advanced courses, such as advanced psychopathology. Specialists in normal child development make up an impressive portion of the rather small faculty. This includes representatives from the disciplines of psychiatry, psychology, anthropology, sociology, social work, pediatric nursing, and education.

Training in the observation of children and in the understanding of these observations is started in the first weeks and continued throughout graduate study. Emphasis is on the importance of interpersonal relationship and on ways of using it in communication with the individual child and with one's fellow workers; and on the dynamics of groups and ways of using understanding of the interplay of individual and group behavior for the benefit of the children. The student is also taught to plan activities for the educational and emotional growth of the children, not just to keep them busy.

Theory and observation

The curriculum leading to the master's degree requires five or six trimesters of full-time work. In addition to passing his theoretical courses and practica the student must demonstrate a competence in a foreign language, pass a comprehensive examination, and write a thesis based on a small research project. (The foreign language requirement is included since it is a university requirement for a master's of science degree.) The heart of the educational effort, however, is the interweaving of the didactic courses with the practica in such a way that the student not only learns at the theoretical level, but also through observation and practice.

Thus the student entering in the fall and intending to go into some form of child care finds himself taking, first of all, an intensive course in the development of the preschool child, attending the nursery school of the Child Study Center one morning a week as an assistant to one of the teachers, and participating in the weekly staff conferences at the school. From the beginning he makes written observations, which are criticized by his teacher. About this process a student has commented, "I will observe a child's action and see one thing in it, and then Miss B (the teacher) can point out five more that I didn't see."

In this first trimester, the student is introduced to research method, and he takes two courses which he selects from these: a survey of child-care agencies, including field trips; a study of the cultural and familial influences on children; an introduction to testing and interviewing techniques; or, occasionally, a relevant course in another part of the university.

In the second trimester, the student moves on to a course on the school-age child. His field placement at this time is usually as an assistant to club group leaders after school hours for children on whom there is already an accumulation of data because they were formerly in the nursery school and whose further development can thus be watched with understanding and interest. The student is also introduced to the study of group dynamics in a group of his fellow students whose task is to learn to understand their own interactions. He also takes an elementary course in psychopathology, with a practicum consisting of brief weekly observation of, and play interaction with, emotionally disturbed children.

In the third trimester the graduate student majoring in child care is required to take a course in advanced psychopathology; he may also take a course in adolescent development. At this time he must begin to specialize, and he has his first practicum in the field of his choice 3 days a week. Until recently, most of the students who were not training to work with normal children and their families elected to work with emotionally disturbed children and were placed for field work in residential or day-time treatment centers. Because some students now plan to specialize in the care of children with other problems such as mental retardation, physical handicaps, or cultural deprivation, other field placements are being devised; and persons with special understanding of these handicaps are being recruited for the faculty.

In the fourth trimester the graduate student is engaged in his most intensive field placement, usually 4 days a week. At this time he may take the comprehensive examination on the whole field of study, and, if he passes, he can use the fifth, and perhaps the sixth, trimester to write his thesis and take what courses he wishes from other departments.

In actual practice, few students complete the final

trimesters of the course in the manner outlined, though most of them eventually finish the work for the master's degree. The demand for trained workers in the field of child care is so great that many students take responsible positions while they are still in the final stages of thesis writing.

Some of the program's graduates are now in charge of groups of normal children in day-care centers, nursery schools, community centers, or centers for the cultural enrichment of preschool children set up under Project Head Start, or in administrative or staff training positions in such centers. Others are counselors, program directors, or unit coordinators in day-care or residential centers for emotionally disturbed or delinquent children. Others are teaching child development or child care at the graduate, undergraduate, or junior college level.

This shouldering of responsibility before the academic task is fully finished is not wholly desirable from the student's point of view, but in a new profession faced with community need which so far outstrips the supply of prepared persons, it is a fact of life. Students in the program at least have the security of knowing that there will be jobs for all. The faculty members, on their side, know that they must not recommend anyone for a job who they do not feel sure has the ability to grow on the job.

The certificate program

The same community need assures positions for holders of the certificate in child care. These child-care workers become members of the teams giving actual care to children. They work in the same centers in which the graduates of the master's program are employed and hold such positions as assistant to the teacher in nursery schools or day-care centers, or in preschool groups conducted under the Economic Opportunity Act. They work as attendants or aides in day-care centers for emotionally disturbed children and in a State school and hospital for retarded and disturbed children. Some work in shelters for neglected and dependent children, and some in a day-care center for delinquents and emotionally disturbed adolescents. These certificate holders do not expect to attain high salaries, but they do start to work at higher salaries than untrained workers.

For the certificate students the training also comprises a 2-year program. The first year, composed of 3 trimesters, involves a combination of lectures, discussions, and field work. The major part of the student's time is taken up with supervised field work—one 14-week placement in an agency caring for normal children and two in agencies caring for deviant children. The field work is supplemented by two weekly meetings with faculty members. In one of these, the instruction is didactic—a lecture-discussion on some aspect of child development or child care. In the other, through guided group discussion focused on problems of communication and interaction, the students are encouraged to bring up problems they encounter in their field placements.

Guinevere S. Chambers, left, is chairman of the Graduate Program in Child Development and Child Care, Department of Psychiatry, Medical School, University of Pittsburgh, a post she has held since 1962. **Genevieve W. Foster** was until recently her associate as an assistant professor. For 3 years she directed the Technoma Workshop for Emotionally Disturbed Adolescents in Pittsburgh.

In the second year, the students are placed in internships—paid positions where they are under the supervision of the agency which employs them, but are also in frequent touch with the program's faculty, returning to the university for individual and group discussions on a scheduled basis every other week.

The certificate students do not, of course, receive as intensive theoretical training as the graduate students, but they too are expected to become keen observers of children and to learn from their observations. They too make written reports of their observations which are criticized by faculty members. By the time they graduate, they are expected to know what is normal behavior in children at different stages of development and to understand some of its meaning; to know how play and other activities contribute to growth; and to be able to provide opportunities and materials for growth-inducing activities. They are also expected to know how to respond therapeutically, rather than moralistically, to deviant behavior.

Certificate students do not study group dynamics as such, but they are taught enough about the behavior of children in groups to understand what is going on in a group of children and to recognize that the adult can sometimes influence the group constructively. They are expected to be able to communicate observations, ideas, and feelings to their co-workers and supervisors in the agency and to understand

something of their own and other people's motivations, so that they can avoid some of the difficulties that arise when people work closely together.

As now operating, the graduate program takes in about 10 new students each year and the certificate program about 18 new students. Candidates for both study programs are selected on the basis of individual interviews, a review of college or high school transcripts, and references secured from persons familiar with the applicants' previous relations with children. In all cases, the faculty admissions committee must be convinced that the candidate has sufficient warmth and ability to relate to children and sufficient motivation to undergo arduous training and to meet the demands of a responsible job. Intelligence is, of course, a requirement, but not the only one, for some very bright persons are unfitted for child-care work. Intelligence in a child-care worker must be accompanied by an awareness of his own feelings and sensitivity and responsiveness to others.

Perhaps the most important tool used in the selection of candidates is the intuitive appraisal of the candidates' potential by members of the teaching staff. Faculty interviewers learn to be alert for the too brittle front that might crack on contact with the primitive behavior of children, for the thinly veiled hostility that might make collaboration with team members—as well as contact with children—too difficult, and for signs of emotional deprivation severe enough to prevent applicants from giving emotional warmth.

Actually, applicants with such adverse qualities are rare. Many people have the ability to work with children, and few who reach the point of making formal application need be turned away for reasons other than lack of space in the program.

Student development

The curricula described here are the bare bones of the child-care worker's education. They are the means whereby the worker acquires the knowledge that will be necessary for his future occupation while he practices the tasks of child care and develops skill. Concurrently, however, the student is helped to undergo a process of personal development, different for each individual, which involves a deepening of his understanding of himself and of others, in interaction with children, colleagues, and supervisors.

Working as a member of a team caring for children can tax a worker to the utmost. The more disturbed or delinquent the children, the more difficult their behavior, the more the worker finds his own inadaptability coming to the fore. In the stress of work with deviant children, the anger, anxiety, and rigidity the worker would like to conceal tend to come painfully into the open, so that each team member has much to accept and to forgive in himself and in everyone else. As the students learn to understand this, their understanding of themselves, of the children, and of other team members increases. Students have remarked about how their understanding of individual children has helped put their own childhood in perspective and has sharpened their insight into the reasons they are the kind of adults they are.

This encouragement of the process of maturation in the student is not provided as a therapeutic intervention in the student's life, but as an opportunity for natural growth and unfolding. However, students who feel the need for psychotherapy are referred to psychiatrists, sometimes to the Pittsburgh Psychoanalytic Institute. Such psychiatric help is more readily available in a training center for psychiatrists than it would be elsewhere. In a student body that at first numbered about 10 and now numbers about 30, an average of 1 student a year has either been helped to find psychiatric help or has been advised to withdraw from the program for psychiatric reasons.

Every student in each program has a faculty advisor. Within the programs, practice has changed somewhat from time to time as to the closeness and intensity expected in the student-advisor relationship. The present philosophy of the teaching staff is, however, that the experience the student has within the whole faculty-student group, rather than just his relationship to his advisor, is what helps him grow. He may, of course, see a good deal of his advisor, or of some other faculty member, at certain periods in his course of study. Emotionally, and intellectually, he will get something from one person and something from another. However, the give-and-take among the students is also important; they often acquire from each other qualities that no faculty member could give him. The climate of the student group is exceedingly meaningful to many students.

The sort of continuous therapeutic interaction that marks the relationship between worker and supervisor in the inservice training in some treatment centers is not encouraged in these programs, nor would it be appropriate or desirable. The group climate in which everyone is constantly getting behind everyone else's defenses, calling attention to the other's uncon-

scious manifestations of anxiety or hostility, is also absent. A proper reserve and a normal courtesy are the rule. The group dynamics course and the constant discussions of interaction in classes and field placements serve to make the students alert to the meaning of their own and others' behavior. Though it is rarely necessary, the faculty advisor will call the student's attention to some behavioral habit if it interferes with his relation to others. The student thus better maintains his autonomy, does not find himself a partner in dominance-submission games with faculty and fellow students, does not regress to a point where leaving the program at the end of his last term becomes too much of an ordeal. Growth appears to be promoted, not retarded, by this conservative policy.

Group dynamics

Within the philosophy of this plan, however, has been the cautious experimentation in the last 2 years with exposing all students to the group dynamics course. This experimentation began in the graduate curriculum with the substitution of a course in which the class itself is the object of study for an elective didactic course in group process. The new course was introduced in the winter term of 1964–65 and, though nominally elective, was taken by all first-year students, some second-year students, and even some staff members of the Western State Psychiatric Hospital. The experiment proved to be a rather shaking experience for some of the participants, but not unduly severe. It seemed so valuable for increasing the students' insight into their own and others' behavior that it may become a regular part of the curriculum.

During the past academic year, a similar experiment was tried out with the incoming class of certificate students. The entire class of students, with its instructor, constituted a "home base group," the members of which, in weekly meetings, were gradually made aware of their own interaction as they discussed the experiences they had had in their field placements. This does not mean that individual conferences were denied the students when needed, but that most group meetings also met individual needs.

When the graduate program was new, prospective students asked members of the admissions committee whether they were sure there would be positions available when they finished school. To this question the committee members could only reply that they had every confidence that jobs would be available. Nowadays the question is seldom asked, because the need is so evident on every side. Some of the positions into which trained child-care workers are going did not exist 5 or 6 years ago, for instance, those available under Project Head Start.

Child-care workers have, however, sometimes experienced difficulty in defining their professional identity, because theirs is a new sort of training. The task for which they are especially prepared has been carried out in the past, sometimes well, sometimes less than well, under other titles by workers who may have been highly trained, but for other types of tasks, or who have had no formal training.

For example, many of our certificate trainees hold positions for which training used not to be required. And some of our trainees from the graduate program are in positions once held by persons trained for other professions—social work, nursing, or occupational or recreational therapy—although the positions do not require the distinctive skills of these disciplines. Although the appearance of trained child-care workers ought to relieve such people for concentration on their own specialities, the child-care workers have, in a few instances, found themselves regarded as a threat by their co-workers of other professions.

Some initial distrust of a newly developing profession—stemming from a lack of knowledge of what the training for that profession entails—is perhaps inevitable, but this disappears as the child-care workers prove themselves on the job. There is sometimes, of course, another kind of rivalry which arises from a distrustful and inflexible attitude toward all children, still unfortunately found among some persons working in some children's institutions. This will yield only to the forces of education, public pressure, and the efforts of enlightened agency administrators.

As the exponent of a new discipline, the child-care worker inevitably becomes a social change agent in some situations. He may find himself in places where he is faced with alternatives—to adapt, when he must, to standards lower than his own; to teach by example and, when he is empowered to do so, by precept; or to change jobs when he feels his contribution is useless. The role of "change agent" is naturally easier for the graduates of the master's program who find themselves in positions of some authority, but it is by no means confined to them.

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a community center helps young people to meaningful employment through . . . . .

NEW CAREERS as human service aides

BERYCE W. MacLENNAN

In a day-care center in Washington, D.C., a young man presiding over a low table where six small children are having lunch coaxes a little girl to eat by playing a counting game with her. After lunch, he will help the children settle down for a nap, play games with them, or take them on a short trip. He is a day-care aide. In a nearby elementary school, a young woman reads a story to a small group of pupils while the teacher works with the rest of the class on a special problem. Later, she will sit with individual children, prepare materials under the teacher's supervision, and complete class records. She is a school aide. In another school, a young man helps children plan a baseball game, a visit to the zoo, or a painting session. He is a recreation aide. At the same school, another young woman observes children at play, interviews teachers and pupils, and codes and processes data under the direction of a social scientist. She is a research aide. All four are graduates of a training program which prepares young people from low-income neighborhoods for new careers as human service aides, conducted at the Center for Youth and Community Studies, Howard University, Washington, D.C.[1-2] All were school dropouts who could not hold jobs before taking part in the program.

What is the purpose of the new careers program? To answer this question, I must go back almost 3 years to the time when the university, with a Federal grant from the Office of Juvenile Delinquency and Youth Development, established the center. One of the first jobs of the center's staff was to determine what kind of community programs would have the greatest effect on the prevention and control of juvenile delinquency. As we surveyed the needs of the poverty-stricken people in Washington, D.C., we found that there was a shortage of trained professional workers in all human services and that some professional workers had great difficulty providing young people with opportunities for satisfying lives. Many young people in Washington, we found, lacked basic skills, and many dropped out of high school before finishing. Before the antipoverty programs under the Economic Opportunity Act of 1964 were set up, there were few jobs for school dropouts between the ages of 17 and 21. Actually, there are still few jobs which provide for promotion and meaningful careers. Many young people therefore withdraw in despair from trying to succeed in constructive ways and adopt a deviant social system.

One idea we at the youth development center thought promising was to determine whether we could reorganize some of the professional jobs in human service and detach from them duties that might be performed by socially and educationally handicapped young persons after limited and short-term training and whether training such young persons for such positions was feasible. We recognized, of course, that jobs are not careers and that if we were to succeed in our endeavor, we must also create opportunities for advancement. Thus, our task was to create jobs for young people, design basic training programs, and provide opportunities for further education and career development.

Our first assumption was that we would have to prove the feasibility of training such young people before permanent jobs could be ensured. Therefore, in the spring of 1964, after Washington Action for Youth (WAY), a program to demonstrate delinquency prevention, promised to employ all graduates and to make additional positions available when needed, we launched an experimental program to

train 10 socially disadvantaged young people to work as human service aides in three different fields—child care, recreation, and research into the problems of young people.

We were interested in reaching young people in trouble, young people who could not sustain effort when they met frustration and whose past performance belied their capabilities, young people in whom qualities such as warmth, sensitivity, flexibility, and ingenuity were often masked by defiance and despair. Although we believed we could find boys and girls of high potential among such young people, we did not know how to select them. Therefore, we set only minimal requirements. Applicants had to be between 16 and 21 years of age, from poor families living in high delinquency areas, free of infectious diseases, and not subject to pending court action. Twenty-three from the neighborhood of the university applied, referred by WAY's youth employment service, the U.S. Employment Service for the District of Columbia, and a recreation center run by our agency. The 10 young people selected had dropped out of school and none were employed. Seven had delinquency records, and two of the three girls had borne children out of wedlock.

A three-part model

Because the experience of other training programs had proved that young people tend to drop out of a program unless highly motivated, we adopted a three-part training model which included immediate assignment to supervised work, skill workshops, and a central educational and counseling group, called the core group, in which the young people met every day with their own group counselor.[4] The trainees were paid $20 a week. We constantly stressed the opportunity the training offered them to make careers for themselves and to do work which would help others like themselves to a better start in life. We placed them from the start in supervised work for half a day to increase the significance and immediacy of the training. All knowledge imparted and skill taught were geared to the work of human service aides. In the skill workshops, the trainees learned the methods essential to the performance of their jobs; in the core group, they examined their job experience and acquired the background knowledge essential to all human service work.

We used the core group for education and counseling and for the resolution of daily problems.

The core group served as a vehicle for general education. In it, we taught the trainees to see how the community works and to identify its resources—sociology; how to understand and observe human behavior—psychology; how to market and manage money—economics. We read newspapers with them—reading improvement; gave them practice in budgeting—arithmetic. Remedial work was also included in the workshop program, and even on the job, for we asked the trainees to write reports, keep regular accounts, and read pamphlets—activities relevant to training but which also gave them practice in basic skills. For instance, one trainee spelled so badly at first he could not use a dictionary. Yet, after he spent 2 weeks transcribing tapes for us and struggling for several hours a day to write what he heard with a tolerance that, I am sure, he would never have been able to show in school, he began to be proficient.

The meetings of the core group performed the central task of counseling the trainees on the meaning of being a human service aide and on how an aide should behave. Here, the young people were encouraged to see themselves in a new light—as respected and potentially successful members of society—and to examine their old values to find which were no longer appropriate. The members of the group put pressure on each other to stick to the job and to complete the training successfully.

The close coordination of the core group discussions and experience on the job made it possible for us to deal with employment problems as they occurred, while they were still small, before supervisors had become annoyed, and while the young people still felt they could succeed. This worked well, though the program was not without its adventures. For instance, one young woman, angry over an incident at work, walked off with a tape recorder. After much discussion, the group spent the weekend persuading her to return the tape recorder and to finish her training.

A graduate of London University where she earned a doctorate in social and clinical psychology, Beryce W. MacLennan has been project director of the Juvenile Delinquency Training Center and associate director of training, Center for Youth and Community Studies, Howard University, Washington, D.C., for the last 3 years. She is also a lecturer in group psychotherapy at the Washington School of Psychiatry and an assistant professor of psychology at the Department of Psychiatry, Georgetown University.

To counteract the possibility of discouragment on the part of these trainees—young people who lacked good work habits and high tolerance to frustration—we used the core group for the resolution of the day-to-day problems of their jobs. The core group leader communicated daily with the job supervisor and immediately took all problems up with the young people. The trainees discussed with the leader such practical topics as the reason why a worker had a supervisor, what happened when a worker was absent from work, and why it was necessary to behave responsibly on the job.

Of the first 10 trainees, 3 were placed in jobs as research aides, 2 as recreation aides, 2 as training aides, 1 as a mental health group leader, 1 as a day-care aide, and 1 as an office worker.

Job development

Since the program began in 1964, we have continued to explore new job possibilities and to refine our training, supported in part by grants from the Office of Juvenile Delinquency and Youth Development and the Office of Education, Department of Health, Education, and Welfare; and the Office of Manpower and Training, Department of Labor. We have trained about 110 aides—18 as preschool and day-care aides;[5] 14 for positions with the Washington Day Care Association and the model school program of the District of Columbia public schools; 8 as mental health therapeutic recreational aides;[6] 2 as geriatrics aides; 50 as classroom aides; and 15 as institutional counselor aides. Of the first 38 trained, all but 2 are now employed and only 2 have had trouble with the law. With one or two exceptions, the first 10 aides are not working in their original fields because permanent jobs had not been developed for them. Now our policy is not to start training unless permanent jobs are ready.

Our experience with the first group proved that, although training and education are important, the immediate job itself and the career lines are crucial to success. Because now we do not undertake training unless fully budgeted positions are available, job development has become an important part of our work.

We have concentrated primarily on finding jobs in the public agencies where the need for service is great and the shortage of trained workers acute. To get their help, we first approach agency administrators and discuss with them agency needs, how to develop a service team using an aide, how the team could fit into their administrative structure, and how the aide positions could be included in the budget. If the administrators are interested, we meet with their key professional workers to consider how the aides can be used and how the duties of an aide can be related to those of the professional and subprofessional workers on the staff. Two major changes can be made: the same service can be performed with a different allocation of tasks; or new services can be added to be carried out either by the aide alone or by the professional worker relieved of routine tasks by the aide.

An aide in a school system could be used this way on a teaching team for 150 pupils in the upper elementary grades. The team would be made up of a master teacher, three teachers, two teaching associates, one classroom assistant, and one aide. The master teacher's job would include administration and supervision of the team.

The class would come together or subdivide, depending on the material to be taught. The teachers and the associates would be responsible for creative work and instruction in small groups. The assistant would help students with paperwork assignments and programed learning, hear students on work revision, and assist in correcting routine homework. With the help of the aide the assistant would also organize simple games and other enrichment activities; prepare materials; supervise the playground; maintain and operate audiovisual aids; carry out clerical duties such as calling the roll, keeping and transferring records, and ordering and storing supplies; sort materials; tidy the classroom; and work with parent helpers in supervising the lunchroom and the traffic patrol.

All members of the team might go on trips. The master teacher would coach his team members before the trips so that they would have information to give the children as they learn from experience. All members of the team would be available to "listen to" individual children in need of attention.

Relieved of many routine duties by the aides, professional and subprofessional team members could concentrate on teaching.

This is just one example of how a team using an aide could work. Professional workers and administrators would naturally evolve their own staff arrangements in relation to their needs and goals.

Before aides can be taken on by an agency, however, a sequence of positions must be created for promoting competent aides. Once decisions on such issues have been made, job descriptions listing each

member's tasks can be prepared. We then set up a training program, and the agency appoints supervisors who meet regularly with our training staff and evaluators to keep up with the program's progress and to consider changes that may be required. (For instance, in training a group of young people to be classroom aides, we had assumed they had the skills necessary to prepare materials—such as the ability to rule straight lines and to cut paper. When we found they did not, we modified the program to include instruction in these skills.)

Orientation and continuing workshop programs for agency supervisors and administrators are an important part of the program. It is a good idea to ask agency staff members to help in training the aides, for learning how to work with them takes time. Administrators must look for the ways in which they can use aides most effectively in their programs, and professional workers must learn how to communicate with the young people—to understand their language and to relate to their values and style.

Administrators and professional workers alike are often distrustful of young people, particularly of those who have not demonstrated reliability, and tend to want older and better qualified helpers. They are often defensive about their own work, resistant to experience that would expose their shortcomings before young people, and consequently, reluctant to treat aides as regular staff members and to permit them to attend their meetings. The objections of these workers must be overcome for we cannot emphasize too strongly that young people must have an opportunity to perform meaningful roles and to earn their living if they are to become responsible adults.

We see training for aides as a new form of vocational education on a work-study model in which basic education and training are combined with and made relevant to a carefully planned and supervised work experience. In this way, we believe that we can combat many of the motivational problems schools find in young people from deprived backgrounds. Although most of the young people enter the aide program with a prejudice against school, we find that after they have been in the program a while they develop an interest in education and are willing to take night courses to complete high school. We keep emphasizing the importance of a high school diploma to future education and career advancement, but we point out that the high school graduate still must bridge the great gap between a minimum high school education and college entrance standards. To overcome this difficulty, a community college could offer an intermediate program to prepare those interested in becoming professional workers and a terminal program to prepare technicians.

Training for technicians

Channels to advancement from aide positions must be created, and training for higher levels of employment must be provided not only for school dropouts, but also for other young people who lack opportunity. Consequently, we are now also training technical assistants. Participants in the program are young men and women between the ages of 21 and 30 from poverty-stricken backgrounds, high school graduates (a few with some college education) who have shown the ability to hold a job and who are interested in working with young people. At present these counseling interns, as we call them, are being trained as core group leaders, employment counselors, or institutional counselors to work in correctional and welfare institutions, Job Corps camps, or in special schools.[7] This program follows a model similar to the aide training model, although the formal academic component has been increased and the program lasts from 6 to 9 months. This program might fit well into a community college as a single-year diploma sequence in youth counseling.

All counseling interns work under professional supervision. As core group leaders, they conduct group sessions, handle administration, maintain daily liaison with the work supervisors, and help make

Sharing the wonder of growing corn with young boys and girls is one of the rewarding tasks performed by a human service aide at a community day-care center in Washington, D.C.

arrangements for technical instruction. As employment counselors, they interview young people, conduct counseling group sessions, and check and gather information on jobs and young people. As institutional counselors, they act as cottage counselors or as group-life assistants in Job Corps camps.

Values for all youth

Although we have been concerned with training poverty-stricken young people to work in programs which largely serve other young people from similar backgrounds, we believe that this kind of training—training which links well-designed practical experience to basic education and which demonstrates the relevance of formal education to life in the world outside of school or college—could be widely used to stimulate interest in and desire for continued learning and to train all young people to increase their capacity for developing and sustaining satisfactory interpersonal relationships.

In both programs, we believe, there is a core of knowledge and of attitudes which all young people trained as human service workers should be given: an understanding of human behavior, growth, and development; an ability to perceive what is happening between people in their relations with each other and how small groups and institutions work; the cultural ways and expectations of the people with whom they are working; and the resources, structure, and values of their community. We want our trainees to understand that they will have different reactions to different kinds of people, to learn from their mistakes, to take responsibility for their actions, and to tolerate the difficulties and ambiguity of a changing world. Although we still cannot determine initially the potential of a trainee, we try to select young people who are sensitive, concerned about others, realistic, and flexible. Beyond this, we have attempted to devise special training which can be a sound base for further development and which can be readily acquired. For this reason, we are attempting to create a favorable psychological climate for developing in the trainee a basic capacity for moving with relative ease from one kind of human service position to another and thus to be less dependent on the fluctuations of the labor market.

Limited funds led us to set the aide training at 3 months, the counseling intern training at 9. Three months, however, seems too short for a few aides: 9 months too long for many interns. These programs need more flexibility so that individual trainees can be graduated when they have reached a certain level of performance. For aides, particularly, such training must be viewed only as a beginning, and agencies employing them should devise programs for continuing staff development.

In both programs, we have negotiated for the employment of aides and interns individually with such institutions as the District of Columbia public school system, the District of Columbia Department of Public Welfare, the District of Columbia Recreation Department, and the United Planning Organization, the city's community action agency under the anti-poverty program. This method has resulted in discrepancies in entry levels and salaries. Ultimately it will be necessary to create some uniform standards.

Our project has developed training programs which embody the three major objectives of modern rehabilitation: changing the institutional structure to accommodate the worker; creating and using new group supports and pressures which turn the culture of young people toward a positive direction; and working with the individual young person to help him increase his skills and improve his functioning. These training models have meaning not only for the prevention of delinquency and the rehabilitation of delinquent young people, but also for vocational and technical education because they link training and formal education. These new aide roles have significance for the professional worker whose duties in the future will include less direct service and more supervision and program development.

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an essay review . . .

SOME OBSERVATIONS ON KIBBUTZ CHILDREN

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Although it was once an exotic source of theoretical speculation, the Israel collective settlement or kibbutz has now become almost old hat to American child development specialists. A number of American sociologists and psychologists have visited the kibbutzim, even lived and worked in them, and at the same time have worked through their more naive speculations about what happens to children who from birth are brought up in a thoroughly collectivized system.

This is not to say that we possess definitive research on child-rearing methods in the kibbutzim and their results. We are far from having reached that stage, just as we are a long way from knowing precisely how social class, ethnic differences, and life styles make for different kinds of impact on the personalities of American children. Still, the small but growing body of objective and impressionistic studies of kibbutz children does enable us to conclude that there are few surprises in store about the nature of the kibbutz-bred human being. By American middle-class standards, he would be considered quite ordinary, normal, and similar to the more carefully nurtured middle-class person in this country.

Two recently published volumes reinforce this impression. The first is by Albert I. Rabin,* a psychologist who has published a number of earlier papers on kibbutz children. In his book, "Growing Up in the Kibbutz," Rabin presents a comprehensive discussion of his data and conclusions. The second is a proceedings volume ** based on a one-week institute held in Israel in 1963 at Oranim, the pedagogical center and main teacher-training institution for the kibbutzim.

A comparative study

Rabin gathered his data in 1955 [1] and 1962, designing his study as a comparative assessment of kibbutz-reared children and rural non-kibbutz children brought up in a typically structured family in Israel. Adopting a cross-sectional approach, Rabin took four samples from the stages of infancy, preadolescence (10-year-olds), adolescence (17- and 18-year-olds), and later adolescence or young adulthood (18 to 21). The total extended sample of kibbutz children was 177, and of non-kibbutz children, 121.

The investigation made use of the Griffiths Mental Development Scale for Infants, the Vineland Social Maturity Scale, a draw-a-person test, the Rorschach ink blot and Blacky pictures tests, the Thematic Apperception Test (TAT), sentence completion methods, and questionnaires.

Accepting Rabin's data and findings at face value, his research reveals practically no striking or deep personality differences in his samples. Except for a small but convincing cluster of evidence that kibbutz children undergo a developmental lag in infancy, which is quickly offset, the children seem remarkably similar along all basic psychological dimensions.

There are a number of expected, but far from great, variations having to do with family attitudes or feelings, stemming no doubt from the group method of upbringing. For example, Rabin finds minor evidence of less intense sibling rivalry among kibbutz children; greater hostility toward parental figures "at a deeper, unconscious level"; more anxiety; less intensive involvement with families; perhaps more repression of sexuality; less "narcissistic" orientation to "object choices"; less intensity of "Oedipal attachment."

But Rabin often needs to push and prod his data to come up with these vague (and suspiciously contradictory) conclusions, and unless one wants to make mountains out of psychoanalytic molehills, the young adult products of kibbutz and non-kibbutz upbringing appear entirely interchangeable. One suspects that by the time Rabin's subjects attain later adulthood there will

*Rabin, Albert I.: Growing Up in the Kibbutz. Springer Publishing Co., New York. 1965. 230 pp. $5.

**Neubauer, Peter B. (ed.): Children in Collectives: Child-Rearing Aims and Practices in the Kibbutz. Charles C Thomas, Springfield, Ill. 1965. 383 pp. $11.50.

be no measurably significant personality differences between the kibbutz and non-kibbutz samples. (But there may well be significant and persistent differences when it comes to spiritual or ideological values, which happen to be beyond the scope of Rabin's study.)

Pragmatism and idealism

For a broader and more ideological portrayal of child-rearing practices in the kibbutz, we can turn to the Oranim volume. While this transcript of proceedings from the Oranim Institute on Child Development in Kibbutzim leaves something to be desired from the editorial viewpoint, it is a rich and rewarding book. Its chief merit is that it contains full and frank statements by clinical and pedagogical spokesmen of the kibbutz movement. These spokesmen are less prone to sermonizing on arcana of psychological theory than their colleagues from abroad, also represented in this volume.

The kibbutz educators and clinicians reflect an unusually shrewd combination of pragmatism and idealism, and also high dedication to the improvement of their child-rearing system. Repeatedly they point to imperfections in the basic educational structure, and do not hesitate to voice their own frustrations. The earnestness of their search for more effective ways of promoting independence, creativity, and spiritual growth in the second generation cannot be doubted.

Rachel Manor, a psychiatric social worker at the Oranim Child Guidance Clinic, expresses this unflinching frankness on the topic of excessive group sanctions, and also indicates her openness to new thinking about controversial kibbutz issues in these words:

> A child in our society should know that he can express, verbally, his discontent and his anger, and that, in so doing, he is not a bad child, a deviant from his group. . . .
>
> Sometimes it would be better that the educator said "No!" and not the group. . . . The group *throttles* them! I remember a meeting of young parents who had themselves been kibbutz children; the expression "We were throttled" was repeated several times. I think we have to take heed of that.
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> Someone said, during lunch: "Has a child ever said to you, 'Kibbutz life is no good?'" Our children don't say it; they are afraid to say it, because they feel we won't allow them to say it. And I think we don't permit them to say it because *we* are afraid. (*Interjection:* Perhaps they haven't much reason to say it.) But they *have to be able to* say it sometimes! Only then will they be acting spontaneously; only then, I feel, will they be able to make changes within the older kibbutzim! We say: "You have to make changes, you have to give your opinions on things. . . ." But they don't dare to do it; we say it to them in such a way that they don't dare to do it. . . .
>
> I want to bridge the gap that clearly exists between our personal feelings and attitudes and our declarations. I feel that gap in the adults, and especially in the educators. And we have to work on that question with parents, too. This is a very important aspect of the problem of individualization.**

The theme expressed in the above passage—the tension between the assertion of powerful group controls and the yearning for uninhibited individualism—is often encountered in the Oranim volume, and we must assume that it is a leading preoccupation of kibbutz educators.

Despite their readiness to admit shortcomings, the kibbutz spokesmen are by no means defensive or apologetic about their system. They sound convinced of its superiority to other pedagogical approaches, and they answer fundamental criticisms with gusto and assurance.

The same Rachel Manor who voices almost harsh self-criticism about group sanctions presents a sensitive and highly positive account of socialization in early childhood and latency. She believes that the kibbutz provides an improved emotional climate for the child, freeing him from the often exaggerated and threatening need to win love and affection, so ambivalently offered and withdrawn in many Western nuclear families. Manor stresses that, along with pressures to conform, the group provides a deep and very reliable security and a consequent reduction of guilt feelings.

Parental influence

Although the peer group is a dominant psychological instrumentality in kibbutz living, the parental influence is in many respects just as powerful as it is in non-kibbutz communities. Mordechai Kaffmann, a child psychiatrist on the staff of the Oranim Child Guidance Clinic, believes that emotional disturbances of childhood depend primarily on the family constellation. According to Kaffmann, the usual range of child-parent relationships can be found in the kibbutz, including overpermissiveness, overprotection, rejection, and so forth.

For the time being, the rather scanty clinical evidence suggests that there is neither a greater nor lesser incidence of psychopathology among kibbutz children as compared with non-kibbutz controls, although deeper kinds of problems are definitely less frequent among kibbutz children. (For example, homosexuality and hard-core delinquency are practically unknown.)

In a chapter in the Oranim volume on family life and the role of women, the discussion lends support to the speculations of sociologists and other observers of kibbutz evolution (among them, Talmon-Garber[3]) concerning the appearance of a strong "familistic trend" in the kibbutzim. Just as the strict and somewhat ascetic standards of a bygone era are becoming mellowed, so the distrust of the nuclear family as a conservative force and a center for the "private-consumption" approach to life now seems to be abating. But this change is being strongly resisted by the more ideologically committed leaders who feel that a "familistic trend" carried too far would undermine the chief values of the kibbutz society.

Why the similarities?

The Rabin and Oranim volumes both make it clear that kibbutz education for the most part functions effectively, and that the kibbutz-reared child achieves a satisfactory adjustment as a second generation member of the kibbutz. Despite considerable differences in the fundamental approach to child rearing, the kibbutz product is strikingly similar to the non-kibbutz product, not much better and no worse.

What are we to make of this state of affairs? Is child-rearing method a matter of indifference? It is hard to abandon our belief in the importance of early socialization experiences and the role of the nurturing adult in the early years of life. As the 18th-century German poet Jean Paul Richter put it, ". . . if we regard all life as an educational institution, a circumnavigator of the world is less influenced by all the nations that he has seen than by his nurse."

Richter is not the only one we could quote. A long line of natural philosophers and humanist poets have with confidence made the claim which begins ". . . if you will but give me the child until his seventh year . . . ." But in point of fact, the number is legion of those who have indeed been given the child for what purportedly amounts to complete control over infancy and early childhood, with the common result of extraordinary variance between what the adult upbringer intends and what the child actually becomes as an adult.

The explanation may inhere in the simple fact that no single adult can be "given" complete control of the child to bring him up as a socialized human being. With the exception of those rare and for the most part monstrous examples of children reared in complete isolation (for example, the child kept locked up in the attic by an insane grandmother), the world thrusts between the caretaker and the child an endless bombardment of influences which serve to mitigate the effects of even the most painstaking and elaborate of child-rearing regimens.

It is no different with respect to the kibbutz child and the collective system of upbringing. The booming, buzzing, non-kibbutz world intrudes. In actuality, the kibbutz is a cosmopolitan hamlet in the midst of a percolating Israel culture, and the child grows up to become not a citizen of his settlement, but of a larger Israel community.

Who is to say to what extent psychology has been contaminated by sociology, or in what ways the unique elements in the collective system are reincarnated in the developing child so as to assimilate him to the general Israel culture and not to a particularized kibbutz subculture? In any event, evidence suggests that most kibbutz-bred persons who leave for the city (or even abroad) make an acceptable adjustment to a non-kibbutz environment.

A reassuring conclusion

Should we be saddened or reassured to learn that the kibbutz produces no new personality, that radically different child-rearing methods do not necessarily yield basically different human outcomes?

By all means, we should be reassured. For, on the basis of the kibbutz experience, the conclusion seems to be that if a child is brought up in a humane and stable environment infused with love, tenderness, respect for work, and enlightened moral standards, then the basic product will be unspectacular but sound, irrespective of even major differences in child-rearing method.

Kibbutz-bred persons are by no means supermen—but since the world is not yet ready for supermen, we should probably be content with what we have and even be grateful that a benign fate prevents us from breeding a higher race of men who would surely be out of place in our present world. No doubt when the world is ready for supermen, they will appear; and it is heartening to surmise that they will appear with single or multiple mothering, in collective children's homes or private apartments, with intense and less than intense "Oedipal attachments," speaking Hebrew or English or Chinese.

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[1] Rabin, Albert I.: Kibbutz children—research findings to date. *Children*, September–October 1958.

[2] Talmon-Garber, Y.: Social change and family structure. *International Social Science Journal*, Vol. 14, No. 3, 1962.

guides and reports

ACCOUNTING AND FINANCIAL REPORTING. Child Welfare League of America, Inc., 44 East 23rd Street, New York, N.Y., 10010. 1966. 40 pp. $1.

Contains four papers on the applications of cost analysis and uniform accounting methods to children's institutions and other social services.

A GUIDE TO MEDICAL CARE ADMINISTRATION. Volume I: Concepts and principles. The Program Area Committee on Medical Care Administration, American Public Health Association, 1790 Broadway, New York, 10019. 1965. 106 pp. $2.

Part I of this first volume of a two-volume guide discusses the elements of good medical care—defined as accessibility, continuity, quality, and efficiency. Part II discusses principles of medical care administration in the dimensions of program planning, management, and evaluation. A glossary of terms and a historical chronology are included.

PATIENT STUDIES IN MATERNAL AND CHILD NURSING: a family-centered student guide. Ann L. Clark, Hella M. Hakerem, Stephanie C. Basara, and Diane A. Walano. J. B. Lippincott Company, East Washington Square, Philadelphia, Pa., 19105. 1966. 305 pp. $6.75, clothbound; $4.75, paperback.

A casebook for student nurses with questions focused on sharpening the student's observation of intrafamily relations and the emotional experiences of parents and children in specific nursing situations.

CHILD ABUSE LEGISLATION: Analysis of reporting laws in the United States, Part I. Children's Division, The American Humane Association, Post Office Box 1266, Denver, Colo., 80201. 1966. 36 pp. 35 cents.

Tests 47 State laws dealing with the reporting of child abuse as they existed in 1965, against 10 criteria of adequacy.

EFFECTIVE COMMUNICATION WITH ADOLESCENTS IN INSTITUTIONS. Gisela Konopka. Child Welfare League of America, 44 East 23rd Street, New York, 10010. 1965. 19 pp. 25 cents.

Discusses the obstacles to communication between teenagers in institutions and their adult caretakers.

BOOK NOTES

CHILDREN IN THE HOSPITAL. Thesi Bergmann in collaboration with Anna Freud. International Universities Press, New York. 1966. 162 pp. $3.

The child as a hospital patient differs greatly from the adult patient, according to the authors of this analysis of the reactions of children to chronic illness and hospitalization. Because the child cannot distinguish between serious and slight illness, or major and minor surgery, they maintain, his fears and fantasies are equally strong in all stays in a hospital and any stay is "painfully long."

The authors' observations are made chiefly in relation to children who were at some time during the last 20 years patients in Rainbow Hospital, a hospital for children with chronic disease, operated by the medical school of Western Reserve University. The authors describe the meaning to the children of long illness, pain, discomfort and deprivation, separation from home, surgery, and treatment. In each case the reaction of the children is interpreted on the basis of the psychoanalytic theory of child development.

The authors see a need for an organized method of "mental first aid" in the hospital for the child patient. They recommend that such a method be flexible, and that it involve the parents of the child as well as the medical and nursing staffs. "The majority of child patients . . . whether acutely or chronically ill, will benefit greatly from any plan under which the needs of their minds are considered to be as important as the needs of their bodies," they conclude.

THE SUCCESSFUL STEPPARENT. Helen Thomson. Harper & Row, New York. 1966. 229 pp. $4.50.

It is not producing a child that makes a good parent, but love, patience, and understanding, maintains the author of this book about the problems of stepparents and stepchildren. For this reason, she says, the relationship between a child and a stepparent may be as beneficial as that between a child and his natural parent.

With this in mind, she discusses, with case illustrations, many of the problems faced by stepfamilies as families and their members as individuals. These problems include the first meeting between a child and a future stepparent (the importance of which, she thinks, cannot be overemphasized); who shall administer discipline; how to handle the problem child or one who is hard to love, withdrawn, or possessive; adoption of stepchildren; custody action; and the working stepmother.

The author advises stepparents not to see themselves as being in competition with the parents they are replacing. The wise stepmother, she says, will not be overanxious to do a good job; the wise stepfather will recognize his limitations within what may be an undefined relationship with his stepchildren.

A custody action, she points out, regardless of the results, can upset both parents and children. Often it is the stepparent's understanding alone that makes it possible for a father or mother to absorb the shock of the experience and for a child to escape consequences that could scar him emotionally for life.

IN-SERVICE CASEWORK TRAINING. Elizabeth Nicholds. Columbia University Press, New York. 1966. 308 pp. $6.

Written by the chief of staff development of the Connecticut State Welfare Department, principally for use in in-service casework training for new workers in public welfare agencies, this book, the author suggests, may also be helpful to experienced caseworkers and supervisors of new workers.

The author concentrates on beginning workers, because, she says, she has found that the yearly loss of workers in public welfare agencies is highest among beginners. She maintains that many beginners leave social work because they soon become discouraged by their inability to meet their client's needs. In her opinion, early discouragement could be countered by supervisors who help "fledglings" gain useful experience, improve working methods, learn how to work with every type of client, understand human motivation, and, at the same time, know their own limitations.

In addition to describing such processes as intake, case recording, interviewing, and measuring case movement, the author presents material on the growth and development of children and discusses such problems as working with unwed mothers and neglecting parents, removing a child from his home, the use and misuse of authority, and family evaluation and counseling.

The book includes a chapter on counseling the family of a mentally retarded person, written by Rose Savoca, assistant director for mentally retarded children of the County of Cuyahoga Welfare Department, Cleveland, Ohio.

SEX AND THE COLLEGE STUDENT. Committee on the College Student, Group for the Advancement of Psychiatry. Atheneum, New York. 1966. 178 pp. $4.50, clothbound; $2.45, paperback.

College administrators should make explicit their attitudes toward sex on the campus, and these attitudes should be reflected in policies that are consistent in principle and flexible in individual cases, according to recommendations in this report of a study by the Committee on the College Student of the Group for the Advancement of Psychiatry.

The report focuses on issues, policies, and practices relating to the sexual behavior of college students. Composed of nine psychiatrists and three consultants from college campuses—a dean, a faculty member, and a clinical psychologist—the committee interviewed deans and counselors on selected campuses, reviewed materials submitted by 37 institutions, surveyed relevant literature, and examined case histories drawn from their own clinical and research experience.

Finding sex both more freely discussed and engaged in on campuses today than a generation ago, the committee's report discusses the relationship of sexual behavior to individual development, the dynamics of sexual behavior among college students, and the failure of both *laissez-faire* and inflexible repressive college policies to deal with the issue realistically. It recommends that courses in sex education encourage frank discussion between students and adults.

In their efforts to cope with sexual drives, college students are troubled by the failure of adults to provide them with clear-cut standards of behavior, according to the report. The college cannot act for parents, but it can be helpful without running into conflict with the student's right to privacy, it maintains.

CAREERS IN SOCIAL WORK. Frances A. Koestler. Henry Z. Walck, Inc., New York. 1965. 126 pp. $3.75.

The field of social work, the author of this "comprehensive survey" of social work as a career says, has "horizons unlimited." She backs up her thesis by pointing out that many positions are open, every region of the country needs social workers, the end of the need for them is not in sight, working conditions are good, and, in social work, the worker can grow as a person and in his profession.

The book was prepared principally for guidance workers in college and high schools and the students they serve.

Appendixes list graduate schools of social work, social work career centers offering summer jobs, and publications on social work as a profession.

DETERMINANTS OF INFANT BEHAVIOR III: proceedings of the Third Tavistock Study Group on Mother-Infant Interaction, held at the House of the Ciba Foundation, London, September 1963. Edited by B. M. Foss. Foreword by John Bowlby. John Wiley & Sons, Inc., New York. 1966. 264 pp. $8.

The 14 contributors to this report on the third of a series of seminars on relations between mothers and infants conducted by the Tavistock Institute of Human Relations in England include psychologists, psychoanalysts, and zoologists from several countries. They report research on animal (rats, monkeys, and baboons) and human infants and mothers.

The seven papers on human infants and mothers include studies of infants in unfamiliar situations, infants with withdrawn mothers, how infants are carried by adults, and differences in behavior between the "only" and the "youngest" child in four different environments in Israel. In addition to reporting on the results of research, the four papers on animals discuss the possible bearing of the findings on human behavior.

PSYCHOPATHOLOGY OF CHILDHOOD. Jane W. Kessler. Prentice-Hall, Englewood Cliffs, N.J. 1966. 533 pp. $8.25.

A general survey of the clinical, research, and theoretical aspects of the diagnosis and treatment of psychopathology in children, this book discusses, among other subjects, anxiety, aggression, and guilt in disturbed children; problems in developing speech and language; learning disorders; psychoneurosis in children; psychosis in early childhood; juvenile delinquency; psychotherapy; work with parents; and treatment at home.

The author, a professor of psychology at Western Reserve University, maintains that the children most likely to develop emotional disturbance are those in "unfavorable circumstances," among whom she includes abused children, children in foster homes, and the children of chronically ill, mentally ill, or alcoholic parents. She suggests that much could be done to prevent pathology among children by mass social programs conducted through medical and mental health clinics, hospitals, child placement agencies, juvenile courts, public and private welfare agencies, and schools.

STAFF DEVELOPMENT IN PUBLIC WELFARE AGENCIES. Carol H. Meyer. Columbia University Press, New York. 1966. 230 pp. $6.

The content, method, and purpose of a public welfare agency's inservice training program for workers who have not had professional social work training should be shaped by the needs of the agency, according to the author of this book, an associate professor at the Columbia University School of Social Work.

Such a training program, the author maintains, should not be theoretical, but its content might be confined to ". . . description of client behavior, significant psychosocial symptomatology, expected responses, and typical situations. . . . The worker," she suggests, "may be trained to see and to hear, to exercise judgment about what seems relevant and significant, and to make some decisions based upon his findings. . . . think about what he is doing, to be accepting of his clients and to be helpful, but always within the limited content of prediagnosis and generalization."

The author also discusses the stresses and strains within welfare departments, ways in which professional and nonprofessional staff members can work together, ways of training new staff members, and ways of keeping supervisors and experienced staff members abreast of the principles of social work.

INTELLIGENCE AND AFFECTIVITY IN EARLY CHILDHOOD: an experimental study of Jean Piaget's object concept and object relations. Therésè Gouin Décarie. Foreword by Jean Piaget. Translated by Elisabeth Pasztor Brandt and Lewis Wolfgang Brandt. International Universities Press, New York. 1966. 230 pp. $5.

The purpose of the study on which this book reports was to find "testable hypotheses" of intellectual growth from the theories of Jean Piaget and the Freudian ego psychologists through observation of 90 children, aged 3 to 20 months. A lecturer in psychology at the University of Montreal and at McGill University, the author discusses her essentially psychoanalytic method of reaching an understanding of the ways in which the child develops "object relations"—relationships to people and things outside himself—in connection with Piaget's theories of intellectual growth.

She concludes "that any study of affective phenomena must take cognitive processes into account, and that any study of intellectual phenomena must not disregard affective modalities. All evidence," she maintains, "points to the inseparability of these two aspects of personality. . . ."

BASIC SOCIAL GUARANTEES THROUGH PUBLIC WELFARE

proposed by the Advisory Council on Public Welfare

Federal guarantees of adequate public assistance and comprehensive social services as rights for all who need them were recommended by a 12-member Advisory Council on Public Welfare in a report submitted to Secretary of Health, Education, and Welfare John W. Gardner on June 29, 1966. Appointed in July 1964 at congressional direction by the then Secretary of Health, Education, and Welfare Anthony J. Celebrezze, the Advisory Council, now disbanded, was charged with reviewing "the administration of the public assistance and child welfare services programs for which the Social Security Act authorizes Federal funds." In addition to 18 all-day meetings in Washington, D.C., it held open hearings in 6 cities in the various regions of the country during which it received testimony from 350 persons about the needs of people in these localities. The Council's 148-page report, now available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402 (price $1), includes the following condensation of its proposed "new nationwide program of basic social guarantees":

1. General Proposal

The new program would require that adequate financial aid and social services be available to all who need them as a matter of right. To make this possible a new pattern of Federal-State cooperation is proposed. The Federal Government would set nationwide standards, adjusted by objective criteria to varying costs and conditions among the States, and assume the total cost of their implementation above a stipulated State share. The States would thus be freed to concentrate their efforts on meeting human needs, relieved of the present multiple Federal program requirements and the constant pressure to find new sources of State financing. The required components for participation in this new program are described below.

2. Assistance Standards

A floor of required individual or family income would be established for each State in terms of the cost of a modest but adequate family budget for families of various sizes and circumstances as established by objective methods of budget costing. This could constitute the minimum level of assistance which must prevail in that State.

3. Eligibility for Aid

All persons with available income falling below this established budget level would be entitled to receive aid to the extent of that deficiency. Need would be the sole measure of entitlement and irrelevant exclusions such as those based on age, family composition or situation, degree of disability, presumption of income not actually available to the applicant, low earning capacity, filial responsibility, or alleged employability would not conform with requirements of this program. Provision for immediate emergency aid when needed would also be required.

4. Eligibility Determination

Applicants for aid would establish their initial eligibility by personal statements or simple inquiry relating to their financial situation and family composition, subject only to subsequent sample review conducted in such manner as to protect their dignity, privacy, and constitutional rights.

5. Child and Youth Welfare Services

The Federal Government would also specify the required components for child and youth welfare services to be included within the comprehensive new program. These would include protective and social services for children in a vulnerable situation, foster care placement in homes and institutions at reasonable rates of reimbursement, adoptive placement services, services to unmarried mothers, homemaker services, day care, other types of group service, provisions for specialized institutional care, probation and school social service (where not otherwise available), special programs for young people, and services related to the licensing of nongovernmental programs. Special provisions would be required for

young people coming to the attention of authorities for unlawful or antisocial acts or believed to be vulnerable to such activity.

It is the goal of the Council that adequate child welfare services should be available to all children in need of them as a matter of enforceable legal right. Recognizing, however, the practical difficulty of assuring the universal availability of a full range of services immediately, it is recommended that the Federal Government distinguish between services which must be available to all eligible children and those which may be included in the comprehensive program on a progressively expanding basis within the same financing pattern.

6. Other Social Services

The comprehensive State plan would also include other specified social services for families, older persons, individuals with special problems relating to health or other handicaps, and for a better ordering of community social resources. Again a distinction would be made between those to which individuals would be entitled by legal right on the basis of universal availability and those approved for inclusion within the State plan on a basis of progressive coverage. Examples of such social services would include the following: neighborhood advice and referral centers; services to assist the aged and homebound in meeting their medical, housing, recreational, social and activity needs; supportive services for mothers with special problems; social services related to health needs including family planning; services to advance employability—including aid in moving to new locations promising employment opportunity; and community planning services.

7. Legal Rights

Entitlement to all benefits and services within this program would be protected by the following legally enforceable rights: (1) the right to apply and receive prompt, objective, and impartial determination of eligibility for and provision of benefit or service, (2) the right to be given a fair hearing against unacceptable judgments, by an impartial appeals agent, (3) the right to representation in appeals, by an attorney whose services and costs would be compensated by the agency if not otherwise provided for, (4) the right to court review, and (5) the obligation on the agency to publicize the conditions of entitlement to all benefits and services. The right to services would be conditioned on the need for service rather than income level.

8. Personnel

Because the fulfillment of all these objectives depends upon a dramatic increase in the present limited national pool of professional social workers, social work aides, and related auxiliary personnel, special legislation for Federal financial aid to encourage and expand the training of such workers is essential to this plan.

9. States' Share

The State's share in the financing of this comprehensive program would be established each year on a total dollar basis determined by objective criteria related to its fiscal capacity and effort.

10. Federal Share

For States operating under this program of basic social guarantees, the Federal Government would assume the full financial responsibility for the differences in cost between the State's share and the total cost of the new program. This constitutes in effect a revolutionary reversal of roles of the Federal and State governments in the financing pattern. Under the present system it is assumed that the primary responsibility for determining the scope, level of benefits, and financing of the various components of a public welfare program rests with the States. Under the new proposal national standards of performance would be recognized as calling for an equivalent national assumption of financial responsibility by the Federal Government. Within this pattern, since no differentials would be applied among types of expenditures, Federal auditing would be limited to actual expenditures and program performance in terms of required Federal standards. States would, of course, be required either to finance their share by State funds or to make comparable financial arrangements with their political subdivisions to assure equitable and universal standards throughout the State.

11. Interim Option

States not yet prepared to participate in the new nationwide program could continue on a transitional but limited interim basis to operate under the existing titles. States' rights and State options would thus be protected during the period of accommodation but the fiscal, policy, and administrative advantages to the States of a plan which fixes and limits their total financial obligation in relationship to their fiscal capacity would be a powerful incentive to cooperate in this new plan of partnership. The simplification of accounting, reporting, and audit procedure alone would eliminate many of the complexities and confusions that presently plague Federal-State relationships.

Advisory Council on Public Welfare

Fedele F. Fauri, *chairman*, Dean, School of Social Work, University of Michigan.

Mrs. DeLeslie Allen, Vice-Chairman, Department of Social Welfare, National Council of Churches.

Walter E. Brown, M.D., Glass-Nelson Clinic, Tulsa, Okla.

James W. Fogarty, Executive Director, Community Council of Greater New York.

Mrs. Cernoria D. Johnson, Director, Washington Bureau, National Urban League, Inc.

Guy R. Justis, Director, American Public Welfare Association.

Leonard Lesser, Assistant to the President, Industrial Union Department, AFL–CIO, Washington, D.C.

C. Virgil Martin, President, Carson Pirie Scott & Co., Chicago, Ill.

Frank W. Newgent, Director, Division for Children and Youth, Wisconsin State Department of Public Welfare.

Eugene Nickerson, County Executive for Nassau County, New York.

Sanford Solender, Executive Vice-President, National Jewish Welfare Board.

Elizabeth Wickenden, Social Welfare Consultant, New York.

HERE and THERE

White House Conference on civil rights

". . . it has been held in some quarters that conferences such as this are but 'talk.' The answer is that in an honest and accurate sense, they *are* talk. But so, too, was the Sermon on the Mount . . . ." Thus, Roy Wilkins, director of the National Association for the Advancement of Colored People, answered the stock criticism of all conferences, including the White House Conference To Fulfill These Rights, held in Washington, D.C., on June 1–2, 1966, where he gave the closing address.

This was a conference frankly dedicated to talk, most of it spontaneous discussion among participants. The few platform speakers included the President of the United States, Lyndon B. Johnson; the Vice-President, Hubert H. Humphrey; the Solicitor General, Thurgood Marshall; and A. Philip Randolph, president of the Brotherhood of Sleeping Car Porters, whom many consider the "grand old man" of the civil rights movement. But during most of the time, the 2,600 participants were divided into 12 committees for informal discussion. Unlike the earlier "Planning Conference," this one offered identical agenda for each committee, with each discussing—under the leadership of rotating panels of experts—the same topics: economic security and welfare, education, housing, and administration of justice.

Participants included people widely known in business, national organizations, academic circles, or government, and people known only in one small neighborhood; many of the prosperous and some of the poor (200, it was said)—but nearly all articulate. They told what had been done about specific problems in specific places, what had not been done, and what they believed should be done.

Much of what they said documented vividly some well-known but often repressed facts about discrimination, persecution, failure to provide due protections and supports. There were also some success stories and a few proposed innovations: a flourishing basic education program in which adults were paid a small sum of money to give their time and effort to learning basic skills; the proposal for a nonprofit "self-help" cooperative financed by the Negro community, in which all would contribute according to their means toward massive programs of literacy, job training, and housing; the suggestion that transportation by monorail be used to bring children and adults from the inner city to educational parks on its periphery, providing education from preschool through junior college and offering all possible services and facilities.

For those whose primary work is with or for children, the sessions offered a mixture of horror and hope: horror at reminders of what has been inflicted on our children, hope spurred by evidence of fortitude and determination. A clergyman from Sparta, Ga., bore witness to the anguish of a parent whose son was the only Negro in a white high school. "Even Shakespeare," he said, "could not reveal the agony and heartache" of such a parent. Each evening when he faced his wife, he said, he was "afraid to look at her" for fear of what her face might reveal about the boy's experience during the day. Three times his son suffered physical assault, and when the father suggested to a school official that children should be protected, he was asked, "What do you expect me to do? Hold him in my lap?" Yet the boy and his parents survived the ordeal, their endurance strengthened by the conviction that it would redound to the benefit of other children.

Although the original Conference plan precluded recommendations, the participants insisted on preparing some and bringing them to a vote. The results will be included in a report of the full proceedings being prepared for the consideration of responsible officials. Also available for policy consideration is a 104-page report issued before the Conference by the 30-member council appointed by the President, a report used to a large extent as the basis of Conference discussions. Some conferees were surprised by its forthright recommendation that "there should be explicit acceptance of the *government's responsibility for guaranteeing a minimum income to all Americans.*" The acceptance of government responsibility in the four major areas of discussion, and determination that it be exercised, were, in fact, the keynotes of the Conference, sounded alike by government officials and nongovernmental participants.

At the final dinner meeting, a civil rights leader was asked what he thought such a conference accomplished and whether it was worthwhile. "We can go back," he answered, "and tell them, 'You were discussed. They care. They are trying.' That makes it worthwhile."

—Elizabeth Herzog

For migrant children

The education departments of six States—Arizona, California, Delaware, Florida, Oregon, and Washington—are participating in a 3-year project to improve educational opportunities for the children of migrant farm workers through a grant of $109,900 from the U.S. Office of Education under the Elementary and Secondary Education Act of 1965. The project will be directed by a steering committee of the States' chief school officers or their representatives, under the administration of California. Each State will have its own project staff.

The project has these goals:

• To develop methods of identifying the educational needs of migrant children, of keeping track of the children's movements, of transferring pupil records from school to school, and of

planning coordinated educational programs for children as they move from State to State.

• To develop educational materials and guidelines for teaching migrant children, and to provide supplemental inservice training for teachers to help them understand the problems of migrant children.

• To help selected schools develop model educational programs for migrant children.

Neighborhood centers

Do U.S. citizens need local advisory services similar to those provided by the Citizens' Advice Bureau (CAB) operated by the British Government, to answer peoples' questions on education, employer and employee relationships, insurance, personal finance, health services, and the like? This question was central to an inquiry recently completed by the Columbia University School of Social Work under the direction of Professor Alfred J. Kahn.

The study focused its attention on information and referral services offered by voluntary and public agencies in New York City, but also included brief reviews of services offered in other cities. In no place did the study find comprehensive advisory services.

Finding that most Americans are served by networks of increasingly complex systems of service, entitlement, and help, the inquiry indicated that they could and would use centers for information and advice. Such centers, however, the study group suggests, should be shaped to meet the needs of this country and should not be copies of those operated by CAB. It recommends that local "Neighborhood Information Centers" (NIC) be set up to give information and advice on simple and complex matters relating to law and rights and how the citizen may proceed to obtain his rights; to offer referral service and counseling; to follow through with clients until their rights are recognized; and to work for policy and program changes as necessary.

The report suggests:

The first centers should follow several organizational patterns; some should be under public control, others under voluntary: in other words, the first centers should be experimental to determine the most effective systems and methods. The sponsors could include community action programs, public welfare systems, the social security system, existing public and private agencies, and a voluntary network. Centers should be flexible and impartial, have an "open door" atmosphere, and offer a wide range of expert services. Workers should be paid, and both professional and nonprofessional workers should be employed, though most should be professional.

A report of the study, "Neighborhood Information Centers: A Study and Some Proposals," is available from Columbia University School of Social Work, 2 East 91st Street, New York, N.Y., 10028. (Price: $1.)

Early childhood education

Project Head Start's summer programs for 1965 apparently had little effect on the size of nursery school and kindergarten enrollment in the fall of 1965, according to a recent report of the Office of Education on a survey of 3-, 4-, and 5-year-old children in the United States enrolled in nursery schools and kindergartens, both public and private. At that time, the enrollment was 3,407,000, or 27.1 percent, of the children of these ages; in October 1964, it was 3,187,000, or 25.5 percent. These estimates are based on data from the October 1965 Current Population Survey of the Bureau of the Census obtained from 35,000 sample households in the 50 States and the District of Columbia.

Enrollment in fall 1965 for each age was as follows: age 3—203,000, or 4.9 percent, mostly in private nursery schools; age 4—683,000, or 16.1 percent, 59 percent of whom were in kindergartens (mostly public) and 41 percent in nursery schools (mostly private); age 5—2,521,000, or 60.6 percent, 98.2 percent in kindergartens (mostly public) and 1.8 percent in nursery schools (mostly private). In addition, 443,000 5-year-old children were enrolled in regular elementary school classes above the kindergarten level.

Family income seemed to have a bearing, according to the report. The higher the family income, the higher the percent of children in nursery school or kindergarten. Region made a difference, too: the West had the most 3-year-old children enrolled; the Northeast, the most 4-year-olds. The South had the least at all three ages, though it was the only region to have more nonwhite than white 3-year-old children in school.

Copies of the report, "Nursery-Kindergarten Enrollment of Children Under Six: October 1965," can be obtained for 20 cents from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402.

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Because they are now 5 years old, special arrangements have been made for the children who have taken part in a 2-year preschool enrichment project conducted by Howard University in Washington, D.C., under a grant from the Children's Bureau, to continue as a group in a special kindergarten class within the public school system of the District of Columbia, in the school year 1966–67. The children will also be given free transportation and lunches. This will be the first such project to keep the same children together for 3 years.

Preliminary tests show greater gains in IQ scores by the 38 children who attended the project's nursery school than by another group of 65 children who did not participate in the program, used as controls. The Bureau's research division, which has been carrying on the research aspects of the project, points out that the gains are not spectacular and that the additional year together in a special class may help them retain the benefits of the preschool program. If the kindergarten program proves successful, the program may be continued through the second and third grades.

The Social Research Project at George Washington University, headed by Ira Cisin, will carry on the research part of the kindergarten and school program, under a grant from the Children's Bureau.

A full report on the preschool project is in preparation.

Preventive medicine

The first effective vaccine against rubella (German measles), developed by the Division of Biological Standards, National Institutes of Health, Public Health Service, is now available to scientists outside the Institutes, including those employed by pharmaceutical houses, for further testing. NIH announced the development of the vaccine late in April at the meeting of the American Pediatric Society.

The vaccine was tested with the help of the Department of Pediatrics of the

University of Arkansas Medical School and the Arkansas Children's Colony, a State institution for mentally retarded children. Sixty-four children, known to be rubella-susceptible from pretests, who lived together in four cottages, took part, with their parents' consent; 34 were given the vaccine, 30 were not. As a result, the vaccinated children developed immunity without developing fever or rash, and even more important to the experiment, none of their contacts were infected.

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A 5-year study to determine the merit of continuous penicillin prophylaxis in preventing the recurrence of rheumatic fever in children and young people was recently launched in India with the support of the U.S. Public Health Service. About 1,000 children and young people, ages 3 to 20, will take part, all of them patients of the Lady Hardinge Hospital and Cardiac Clinic in New Delhi.

None of the participants have had previous penicillin prophylaxis treatment. Half will receive the special treatment at the clinic once a month over the 5 years; the other half, serving as controls, will have an identical number of clinical examinations but will not be given penicillin.

The project is being financed with a grant of about $92,000 in U.S. counterpart funds under Public Law 83–480.

Handicapped children

Orthopedically handicapped children can benefit from taking part with normal children in recreational group activities at a community center, according to the recently completed evaluation of a 3-year demonstration project conducted in New York City by the Associated YM–YWHAs of Greater New York. The study was supported by a child welfare demonstration grant from the Children's Bureau.

Initiated in May 1962, the project was carried out at the Mosholu-Montefiore Community Center of New York City, under the direction of the agency's director of research, Douglas Holmes. Altogether 47 physically handicapped children, selected through the public schools, hospitals, and other referral sources, participated with normal children in the center's regular group and club activities. Only children who were ambulatory either with or without prosthetic devices were considered. The project included medical examinations for the children and a casework counseling service for their parents.

According to the judgment of four trained observers, the children as a whole showed improvement in both self-esteem and social skill during their period of participation, but there were wide individual differences. The parents also, for the most part, regarded the program as beneficial to their children. Although 23 children left the program—some for other group affiliations—the parents of 15 of the dropouts reported they would like to return their children to the center.

As a result of the demonstration, 10 member community centers of the New York City YM–YWHAs now include services for about 100 orthopedically handicapped children in their regular recreation groups.

Mental retardation

Thirty-seven experts in the study of phenylketonuria and other inborn errors of metabolism which may cause mental retardation, or in programs to detect these disorders, attended an International Conference on Inborn Errors of Metabolism, held in Dubrovnik, Yugoslavia, May 30–June 3, 1966, sponsored by the Children's Bureau, U.S. Department of Health, Education, and Welfare, and the Federal Institute of Public Health of Yugoslavia. They came from Belgium, Germany, Greece, India, Ireland, Israel, Mexico, Pakistan, Poland, Scotland, Sweden, Yugoslavia, and the United States. The co-chairmen were Vukan Čupić, M.D., director of the Mother and Child Health Institute of the Republic of Serbia, Yugoslavia, and Mitchell I. Rubin, M.D., chairman of the Department of Pediatrics, University of Buffalo Medical School (New York), United States of America.

The Conference was the first which the Children's Bureau has organized and supported using U.S.-owned foreign currency under its interchange-of-experts program.

Papers were presented by Drs. George Jervis on "Clinical Aspects of Phenylketonuria and Allied Conditions," Robert Guthrie on "Laboratory Screening and Diagnosis," John Menkes on "Proposed Classification for the Hyperphenylalaninemias," Donough O'Brien on "Screening Tests for Other Congenital Abnormalities," Benjamin D. White on "Phenylketonuria—A Public Health Responsibility in Maryland," and Werner Grüter on "Dietary Management."

The participants reported on their countries' efforts to detect inborn errors of metabolism and to develop treatment and management programs. The discussion was open and informal. Many new ideas were aired; new techniques of exploring problems of inborn errors of metabolism were considered; and gaps in knowledge were noted.

The Conference participants set a number of goals for themselves, including efforts to determine how many untreated children with phenylketonuria grow up "normally," and under what conditions dietary management is essential, for how long, and with what result. The Children's Bureau was asked to assist in compiling some of these data.

The proceedings of the Conference will be published by the Children's Bureau. As requested by the participants, the publication will include a listing of technical laboratory centers which are willing to perform special tests for inborn errors of metabolism and on whose staffs there are experts willing to interpret laboratory data and give advice about further study and possibly patient management.

Adoptions

The National Adoption Resource Exchange established by the Child Welfare League of America will begin operation this fall as a nationwide adoption resource to help balance the uneven availability of homeless children and suitable adoptive families. According to the League, the exchange will help adoption agencies find homes for children legally free for adoption for whom there are apparently no adoptive homes in their own areas, by putting them in touch with agencies in other areas where there are prospective adoptive parents.

The exchange will work through 22 State adoption exchanges which the League has helped establish in the last 15 years, will attempt to increase the number of State exchanges, and will work with agencies to help eliminate State laws which now impede interstate adoption. Both public and private agencies in Canada and the United States will take part.

One of the major objectives of the

exchange will be to find homes for children of minority groups or of mixed racial backgrounds by getting around local prejudices. In the Southwest, for instance, children of French-Canadian extraction are acceptable, but those of Spanish extraction are not; the opposite is true in New England. The exchange will try, therefore, to place Spanish-American children in New England and French-Canadian children in the Southwest. It will also help adoptive parents of mixed racial backgrounds find children of similar backgrounds.

The work of the exchange will approximate that of a national adoption exchange operated for the last 7 years by the League and the Bureau of Indian Affairs, U.S. Department of the Interior, through which 250 American Indian children have been placed with families in 20 States, mostly in the East. The children who have been placed in adoptive homes through this program are from 14 States, though most are from Arizona and South Dakota. They have ranged in age at the time of adoptive placement from birth to 11 years. The majority, however, were under a year.

The League is operating the new exchange as a demonstration project with funds from the Field Foundation, the American Contract Bridge League Foundation, Bureau of Indian Affairs, and private contributors.

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The Committee on Adoption Law, Council of State Directors of Children and Youth, American Public Welfare Association (APWA) and the Adoption Subcommittee, Family Law Section, American Bar Association (ABA) met as a joint committee in May in Philadelphia to consider how the 1953 Uniform Adoption Act drawn up by the National Conference of Commissioners on Uniform State Law can be made more acceptable to State legislatures. (The National Conference is an organization of about 70 lawyers, most of whom are appointed by State Governors, who meet each year to draft proposals for State laws.) Although APWA and ABA have recommended the act to the States, only two—Montana and Oklahoma—have enacted it.

The joint committee at the Philadelphia meeting discussed amendments to the act relating to such topics as greater protection for the child placed for adoption, termination of parental rights, the adopted child's inheritance rights, the right of a minor to consent to adoption, and the handling of amended birth certificates.

Suggestions for changes in the act which came out of the meeting are being drawn up as a draft by the Committee on Adoption Law for approval by APWA and ABA. The final recommendations will be passed on to the National Conference of Commissioners on Uniform State Laws.

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In Toledo, Ohio, the public school system, in cooperation with licensed adoption agencies and the Auxiliary to the Lucas County Academy of Medicine, is sponsoring discussion groups for prospective adoptive parents through the Family Life Education Center. Participants referred by the agencies attend five sessions (one a week) on these topics: becoming a family through adoption, understanding the baby, caring for the baby (two sessions), and being adoptive parents. Staff members of social agencies and members of the medical profession in the area conduct the sessions.

The Family Life Education Center was established by the Toledo Board of Education in 1939, in cooperation with the U.S. Office of Education and the State Department of Education. It operates a partly self-supporting preschool center, offers study courses in family relationships to community groups, provides special consultation services in family life education to organizations and individual clients, and maintains a resource library.

Cost analysis

Cost analysis can describe what the costs of a day-care center are but it cannot of itself determine what the costs should be, according to the findings of a recently completed study, "Cost Analysis in Day Care Centers for Children," conducted by the Florence Heller Graduate School for Advanced Studies in Social Welfare of Brandeis Unniversity, with a grant from the Federal Children's Bureau. The report of the study points out that a center's policy, because it is based on standards of service as well as on costs, determines what services cost.

Efforts by a nonprofit agency to refine its accounting system to obtain comparable cost information on the basis of program functions are subject to pitfalls not encountered by profit-making enterprises, according to the report. Rather than a set of detailed functional categories being applied to dissimilar program, it suggests that only broad areas of program service should be compared.

The investigators found that the following factors accounted for differences in costs: organizational structure—half-day programs, for example, are more costly to operate than full-day; salaries, particularly because salaries are the largest cost incurred; number of children cared for; and number of program days.

The most costly part of a cost analysis is conducting a time analysis, the report says, but adds that a cost analysis need not include an elaborate time analysis. A "typical day" profile, such as the one prepared for the study which breaks down daily schedules by functions and estimates the time spent by staff members on that basis, could be used, it suggests.

The purpose of the 3-year study was to develop and test a method of analyzing the costs of day-care centers on a comparable basis. Data on six day-care centers—three with full-day programs, three with half-day—in the Boston area were assembled and broken down by costs and functions for each center. Bernard Greenblatt, on leave from the research division of the Children's Bureau, was director of the study from September 1963 to December 1964. The study was completed under the direction of Mildred Guberman.

Correction

Because of an error in the biographical note about Sidney Z. Moss, author of "How Children Feel About Being Placed Away from Home," in the July–August 1966 issue of CHILDREN, the editors owe an apology both to Mr. Moss and to F. Herbert Barnes, executive director of the Carson Valley School in Flourtown, Pa. Contrary to our statement, Mr. Moss was not director of the school. He was director of its casework services from September 1964 to July 1965. The editors wish to make clear that the views expressed in the article are Mr. Moss's and not necessarily those of the school.

IN THE JOURNALS

Children in divorce

The rights of children "as interested and affected parties" in divorce action are gradually being "identified, protected, and fulfilled" in Wisconsin, according to Robert W. Hansen, circuit judge of the Family Court of Milwaukee, writing in the Spring 1966 issue of the semi-annual *Journal of Family Law*. ("The Role and Rights of Children in Divorce Actions.") There, he says, the law provides for a family court commissioner to try to effect reconciliation, to investigate the case, to advise the court, and to appear in the action as necessary.

On the basis of decisions of the Supreme Court of Wisconsin—one of which is that every child has the right to be represented in a divorce action—the Family Court of Milwaukee has drawn up a 10-point bill of rights for children involved in divorce action which strongly emphasizes the welfare of the children. The welfare of the child, the author maintains, may now be properly considered by a Wisconsin family court judge in "matters other than the question of custody placement."

The author foresees State legislation that will protect the rights of the child in divorce action to economic support. Several counties in the State, including Milwaukee, have already established a system of reviewing compliance with court orders regarding child support, he reports.

The dropout story

The school dropout begins and ends as a misfit and is essentially a friendless boy or girl, 19-year-old Eirik Adam Tecumseh Blom, who has twice dropped out of school, maintains in an article in the July–August 1966 issue of *Southern Education Report*. ("What Makes a Dropout.")

In school the future dropout is outside the "in groups," he says, and finds friends only among other misfits. He truants frequently at school and at home. At this point, the author maintains, if the parents would heed the signs and take up the problem with school officials immediately, later trouble might be averted. If they do not, the misfit continues to truant until he drops out or is expelled.

Once free of school, however, the dropout is soon bored and cannot find satisfactory work.

The dropout who returns to school is not prepared for what he must face, the author points out. Most teachers will be kind at first, but fellow students will not—they will "rag" him constantly. "There is no charity, no kindness in youth for their own kind." Yet it is not student ragging that drives him away again, but the school's nervous vigilance where he is concerned which keeps him from forgetting that he is a returned dropout. With no one to turn to, he very often leaves school again.

Fetal malnutrition

Underweight mothers seem predisposed to produce infants with fetal malnutrition and the reason may be linked with their diets, according to a study made at the Royal Victoria Montreal Maternity Hospital and McGill University and reported in the April 1, 1966, issue of the semimonthly *American Journal of Obstetrics and Gynecology*. ("Fetal Malnutrition: Its Incidence, Causes, and Effects," by Kenneth E. Scott, M.D., and Robert Usher, M.D.)

The authors base this conclusion, and others, on a study of 3,714 infants delivered at the Montreal hospital, 7.4 percent of whom showed mild, and 2.6 percent marked, fetal malnutrition. Their birth weights were below normal though their periods of gestation had been full term. The authors also found that about 45 percent of the brothers and sisters of the malnurtured infants had also been below normal weight at birth though full-term babies.

From their study, the authors also found that the incidence of fetal malnutrition was unaffected by the season, parental height, maternal age, sex of infant, fetal-placental weight ratio, socioeconomic status, the mother's history of abortions or stillbirths, or by toxemia, post-maturity, or maternal health. The incidence was significantly higher, they report, in primiparous mothers and in those who had received poor antepartum care, or who had experienced prolonged ruptured membranes, abruptio placentae, or plural births. These mothers also tended to weigh less than the mothers of the normal infants.

Mothers under strain

Reporting in the July 1966 issue of the *American Journal of Orthopsychiatry* on a comparative study of mothers of healthy and unhealthy children, S. Thomas Cummings, Helen C. Bayley, and Herbert E. Rie, say their findings bear out previously reported clinical observations that the mother of a child deficient in health or in adaptive ability experiences psychological strain. ("Effects of the Child's Deficiency on the Mother: A Study of Mothers of Mentally Retarded, Chronically Ill, and Neurotic Children.") Their report is based on a study of 240 mothers of four types of children—mentally retarded, neurotic, chronically physically ill, and healthy—divided evenly. All were from intact families and had other children. They included both white and Negro women whose social backgrounds ranged from upper lower class to upper middle class. The ages of the children ranged from 4 to 13 years. The mothers were rated for dysphoric affect, self-esteem, interpersonal satisfactions, and attitudes toward child rearing.

All the differences were in the direction predicted—mothers of deficient children had higher levels of psychological discomfort and social alienation than did those of healthy children.

The authors conclude that if we wish to conserve the most important manpower resource we have—the ability of parents to care for their children—we must find ways of helping the parents of deficient children avoid developing personality characteristics which would "attenuate their ability to offer all of their children psychological climates conducive to their optimal ego development."

READERS' EXCHANGE

MOSS: *Child placement*

The literature of child placement reflects the importance of preparing both child and parents for the separation and emphasizes the effect of the separation on the child and the anxiety which must be dealt with throughout the placement. The consequences of not preparing child and parents for separation are well documented by Sidney Z. Moss. ("How Children Feel About Being Placed Away from Home," CHILDREN, July–August 1966.) The cases he cites are further evidence that a children's agency service must focus its attention on the parent-child relationship. The current emphasis on placement as part of child welfare services should bring about greater emphasis on work with the parents of children in placement as well as with children.

The child welfare concept as defined by the Child Welfare League of America and the Children's Bureau has received some stimulus from the 1962 amendments to the Social Security Act. The amendments encourage cooperation between public assistance and child welfare in long-range planning for children and their families and emphasize prevention. Long-range planning has definite implications for the child-care field. Early diagnosis and prognosis are required to establish the ability of the parents to meet the needs of children in their own homes; to rehabilitate families whose children require or are in placement; and to determine whether parents will be able to resume the care of their children or whether the children will require permanent foster care or adoption.

The lack of a pattern for long-range planning is responsible for many children remaining indefinitely in "temporary care." The problem is aggravated by the increased number of children in placement because of neglect and abuse, many of whom will never be reunited with their families. Though some are free for adoption, adoption is not a realistic goal for them because of race, age, or emotional problems. Not all children in need of permanent foster care will be able to use foster-home facilities at the time of placement or throughout the placement period. Some may require residential treatment before placement or during placement or day care as a support for foster-family placement.

Such a free and flexible flow of services is possible only if an agency is oriented to the different needs of children rather than to a single function or existing facilities. Agencies will have to develop comprehensive programs modeled after a general hospital, where specialities function as a cooperative network. All services for the individual child must be planned and provided for continuously. The agency that develops a helpful relationship with the child and family will have to act as the "anchor" to assure the achievement of the goals for the whole family. The comprehensive services must recognize that clinical pathology and social problems are inextricably intertwined; they must follow new patterns of cooperation among agencies. To establish them calls for a change in emphasis from function to service.

Leon H. Richman
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BRODY: *Author's correction*

My essay-review, "The Developing Infant," in the July-August 1966 issue of CHILDREN on Rene A. Spitz' "The First Year of Life," contains an unfortunate error of omission Spitz' observation (p. 81) about the infant's continuous staring at the mother's face from the moment she enters the room until the end of nursing referred to infants up to 3 months of age. My contrary observation was thus meant only to refer to infants of that age and not to refer to infants in all of the first year of life.

Probably the error slipped though because our films show that the frequency of eye contact between mother and infant during feeding is low in most cases throughout the first year of the child's life.

Sylvia Brody
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CHENEY: *Parental rights*

Kimberly Cheney's timely article questioning the adequacy of legal procedures in the newly developing area of protective services draws attention to the difficulty of properly protecting children without invading the constitutional rights of the parents. ["Safeguarding Legal Rights in Providing Protective Services," CHILDREN, May–June 1966.] One reason for this difficulty is that while parental rights have been pretty well defined by legislatures and courts, no one has defined the rights of children.

Leading opinions in custody cases, which have reached the highest courts of many, if not all, of our States, are liberally sprinkled with phrases stressing the courts' obligations to act as *parens patriae* in protecting the "best interests" of the children involved. Yet, invariably, in each case the decision itself is based not on the "best interests" of the child but on whether or not the behavior of the parent or parents has been such as to constitute *a forfeit* of their—the parents'—rights.

Mr. Cheney is concerned, as are many of us, with the lack of certainty as to what constitutes neglect of a child. Lack of certainty as to the basic elements of neglect makes it hard for the protective services to know when to intervene, for the courts to judge fairly between the constitutional rights of the parents and the ill-defined needs of the children, and, last but not least, for the parents, whose own judgment may or may not be adequate, to know what is expected of them.

Isn't it time for community action to develop a series of criteria as to the basic rights of all children? If this is

done, then the finding that a child is a neglected child can be based on the absence of some important aspect of a child's rights rather than on the failure of the parent to live up to a particular community's expectations.

Mr. Cheney comments, with apparent approval, about New York's procedures which, he says, provide parents with counsel. I wish his comments were warranted, but I regret to say that far too often the parents are not represented by counsel. It is the child who is now provided with counsel, at least in New York State Family Courts. Admirable as this new procedure is, it only highlights the difficulty in protecting the rights of the parents as well as the, as yet undefined, rights of the child.

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COLLINS: *Day care a social utility*

The neighborhood approach to day care as reported in Alice H. Collins' article, "Some Efforts to Improve Private Family Day Care" (CHILDREN, July–August 1966), is both imaginative and realistic—imaginative because it is an attempt by a social agency to find a way of improving day care through community involvement, and realistic in recognizing that family day care is essentially a neighborhood phenomenon already in existence and giving every indication of continuing to exist with or without benefit of social agency intervention.

A study done by the Community Health and Welfare Council of Hennepin County (Minneapolis) in 1962 indicated that nearness to own home ranked in importance above cost and quality of care with the 100 mothers interviewed. The study further revealed that 82 percent of the children in the sample had been placed in day care within their own neighborhoods.

Just how to relate ourselves to this neighborhood system is perhaps the number one dilemma facing the child welfare agencies. How do we translate into action our expressed concern that good day care be given all children who need it?

It is impossible to apply the techniques of foster placement as a problem-solving resource for children to the provision of what Alfred Kahn in a recent address to the National Conference on Social Welfare called a social utility—day care for the many thousands of children for whom day care is a necessary and normal part of their day-to-day living. Is this the reason we have turned to various other aspects of day care?

We are urged to look on day care as a treatment resource—for the retarded child, for the overburdened, inadequate mother; as a socializing experience for underprivileged children; or as a means of preventing full-time placement. All well and good, all necessary and laudable services, but are we dodging the issue—taking refuge in our comfortable, knowledgeable role of selecting homes, placing children, and giving casework service to them and their parents? A glance at the literature will reveal our preoccupation with these phases of day care rather than with how to improve the care given to the thousands of children of working mothers. Have we heeded too well the injunction not to look on day care only as a service to the working mother and her child?

Roberta Kendrick
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Minneapolis

Child welfare's stepchild

The Day Care Exchange Project as described by Alice H. Collins appears to have raised more questions than it has answered. Friendly House, the sponsor of the project, is to be congratulated for entering into a family day-care program, a type of care which appears to be the stepchild of child welfare.

It is extremely helpful to have a look at private, nonregulated, unsupervised family day care, for it gives us an opportunity to assess child-rearing and child-caring practices in their "natural state." Agency intervention so alters practices, attitudes, and verbalization that we cannot safely generalize from agency caseloads.

The matter of the project's design should be mentioned. It is illustrative of the quicksilver nature of social work research. A neat plan was made to meet an obvious need. It was based on the known and accepted methods of surveys, casework, and group work. What could be simpler? But the group to be studied would not conform to the plan! New questions needed answers and plans had to be reformulated. It is ever thus, in research with people.

Without underestimating the importance of the relationship between the natural mother and the day-care mother in ensuring continuity of care, I wonder whether another factor outside the purview of this Portland project is not crucial in promoting stability. I refer to agency financial support.

If family day care were to have adequate financing, many of the problems of quixotic withdrawal of the child by the mother would be eliminated. When a mother knows that her child is in a supervised, agency-approved home and that the care is partly subsidized, she is likely to work out minor irritations and to leave the child there, even if there are changes in her life which would otherwise encourage her to withdraw the child.

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City Health Department

for parents

SOME SPECIAL PROBLEMS OF CHILDREN—AGED TWO TO FIVE YEARS. Nina Ridenour and Isabel Johnson. Child Study Association of America, 9 East 89th Street, New York 10028. 1966 (Revised edition). 61 pp. 1 to 9 copies, 75 cents each; 10 to 24 copies, 60 cents each; rates for larger quantities available on request.

LEARNING TO LOVE AND LET GO: A guide to helping children become independent. Greta Mayer and Mary Hoover. Child Study Association of America, 9 East 89th Street, New York 10028. 1965. 61 pp. 1 to 9 copies, 75 cents each; 10 to 24 copies, 60 cents each; rates for larger quantities available on request.

RECOMMENDED READING ON SEX EDUCATION. Child Study Association of America, 9 East 89th Street, New York 10028. 1966. 16 pp. 25 cents (plus 10 cents postage and handling). Discounts on quantity orders.

A listing of 36 publications divided into sections for adults, for children and young people (ages 5 to 9, 9 to 12, 13 to 15), and for older adolescents and young adults.

U.S. GOVERNMENT PRINTING OFFICE: 1966 226–795

U.S. Government Publications

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

RECENT DEMOGRAPHIC TRENDS AND THEIR EFFECTS ON MATERNAL AND CHILD HEALTH NEEDS AND SERVICES. Eleanor P. Hunt. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1966. 20 pp. 20 cents.

An analysis of population trends in the United States in relation to present and future needs for health services and personnel. Includes charts and tables showing infant and maternal mortality rates in the United States for 1915–1963, population projections for 1963–1975, and total number of births (live and still) and percents in urban and rural areas by color for 1950 and 1963.

YOUR CHILD FROM 6 to 12; and MOVING INTO ADOLESCENCE: YOUR CHILD IN HIS PRETEENS. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 324. 1966. 98 pp.; and CB Publication No. 431. 1966. 46 pp., respectively. 25 cents each.

The first is a new family-centered guide for parents—prepared to replace a publication brought out under the same title in 1949. It centers on the physical, emotional, social, and intellectual growth and behavior of normal 6- to 12-year-old children. Appendices describe physical and emotional problems which may occur in children in this age group and the kinds of services available in most communities for parents and children.

The second, prepared as a supplement to the first, discusses preadolescence and some of its aspects which often concern both parents and young people.

PROJECTS FUNDED UNDER THE CHILD WELFARE RESEARCH AND DEMONSTRATION GRANTS PROGRAM; and PROJECTS FUNDED UNDER THE MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES RESEARCH GRANTS PROGRAM. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1966. 13 pp., and 11 pp., respectively. Single copies free on request from the Bureau.

These publications briefly describe the research grant programs of the Children's Bureau and list projects completed or under way. The first lists 10 completed or terminated child welfare research or demonstration projects supported from March 1960 to June 30, 1965, and 55 such projects still being supported as of June 1965. The second lists 61 projects, current as of June 30, 1965, which are focused on the health status of and services for mothers and children.

RESEARCH RELATING TO MENTALLY RETARDED CHILDREN. No. 1 of a series, Research Relating to Special Groups of Children (revised). Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1966. 126 pp. 65 cents.

This publication lists 858 research projects on mental retardation, all reported to the Children's Bureau Clearinghouse for Research in Child Life from 1949 through 1965, with information on publications reporting on the research. Seventy-seven of the projects included were first reported in 1965.

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